

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071875

Entity Name: KIDZ-MED, INC.

FILED  
Apr 15, 2005  
Secretary of State

## Current Principal Place of Business:

3168 INVERNESS  
WESTON, FL 33332 US

## New Principal Place of Business:

83 SOUTH PUTT CORNERS RD  
NEW PALTZ, NY 12561 US

## Current Mailing Address:

3168 INVERNESS  
WESTON, FL 33332 US

## New Mailing Address:

PO BOX 819  
NEW PALTZ, NY 12561 US

FEI Number: 65-0446001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TIROTTA, CHRISTOPHER F MD  
3168 INVERNESS  
WESTON, FL 33332 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TIROTTA, CHRISTOPHER F  
Address: 3168 INVERNESS  
City-St-Zip: WESTON, FL 33332 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WALTER, LAMBERT  
Address: PO BOX 819  
City-St-Zip: NEW PALTZ, NY 12561 US

Title: T ( ) Change (X) Addition  
Name: HUBBARD, KENNETH E  
Address: PO BOX 819  
City-St-Zip: NEW PALTZ, NY 12561

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH E HUBBARD

T

04/15/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date