2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# P94000038464

Entity Name: CARDIO PULMONARY RESOURCES INC.

Current Principal Place of Business:

125 NORTH MAIN STREET
1ST FLOOR
BELLE GLADE, FL 33430

New Principal Place of Business:

1200 SOUTH MAIN STREET
SUITE 200
BELLE GLADE, FL 33430

Current Mailing Address:

125 NORTH MAIN STREET
1ST FLOOR
BELLE GLADE, FL 33430

New Mailing Address:

1200 SOUTH MAIN STREET
SUITE 200
BELLE GLADE, FL 33430

FEI Number: 65-0498819 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARLAND, MICHAEL T
12524 SHORELINE DRIVE #101
WELLINGTON, FL 33414 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: PDS ( ) Delete
Name: MICHAEL T. HARLAND,
Address: 12524 SHORELINE DRIVE #101
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL T HARLAND PRES 02/25/2009

Electronic Signature of Signing Officer or Director — Date