2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# P94000046387

Entity Name: ASSOCIATES IN RELIABLE MEDICAL SYSTEMS CORP.

Current Principal Place of Business:

23369 MCQUEENEY AVENUE
P.O BOX 494460
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

P. O BOX 494460
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 65-0501820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSS-SOLOMON, RICHARD
23369 MCQUEENEY AVE.
PORT CHARLOTTE, FL 33980 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: D ( ) Delete
Name: MOSS-SOLOMON, RICHARD
Address: 23369 MCQUEENY AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: P ( ) Delete
Name: MOSS-SOLOMON, CATHERINE
Address: 23369 MCQUEENY AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHERINE MOSS-SOLOMON P 04/19/2007

Electronic Signature of Signing Officer or Director — Date