

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000068497

FILED
Apr 19, 2006
Secretary of State

Entity Name: MCCALL'S ORTHOTIC AND PROSTHETIC LABORATORY, INC.

Current Principal Place of Business:

3412 49TH STREET NORTH
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

3412 49TH STREET NORTH
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-3272597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIXSMITH, JAMES M II
500 110TH AVE N
#502
ST PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

SIXSMITH, JAMES M II
13705 FEATHER SOUND CIRLE EAST
#304
CLEARWATER, FL 33762 US

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: JAMES M SIXSMITH II

04/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SEC () Delete
Name: JAMES, SIXSMITH M II
Address: 500 110TH AVE N
City-St-Zip: ST PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: JAMES, SIXSMITH M II
Address: 13705 FEATHER SOUND CIRCLE EAST #304
City-St-Zip: CLEARWATER, FL 33762

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: JAMES M SIXSMITHII

PRES

04/19/2006

Electronic Signature of Signing Officer or Director

Date