

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000074444

Entity Name: DOC MASTERS, INC.

FILED
Jan 24, 2007
Secretary of State

Current Principal Place of Business:

DOC MASTERS, INC
32431 MABEL LANE
LEESBURG, FL 347883941 US

New Principal Place of Business:

Current Mailing Address:

DOC MASTERS, INC
32431 MABEL LANE
LEESBURG, FL 347883941 US

New Mailing Address:

FEI Number: 59-3285620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORSTER, RUDOLF R PRES
32431 MABEL LANE
LEESBURG, FL 34788 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: PTD () Delete
Name: FORSTER, RUDOLF R
Address: 32431 MABEL LN.
City-St-Zip: LEESBURG, FL 347883941

Title: SVD () Delete
Name: FORSTER, MARYANN A
Address: 32431 MABEL LN.
City-St-Zip: LEESBURG, FL 347883941

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SVD (X) Change () Addition
Name: FORSTER, MARYANN A
Address: 32431 MABEL LN.
City-St-Zip: LEESBURG, FL 34788

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: RUDOLF FORSTER

PRES

01/24/2007

Electronic Signature of Signing Officer or Director

Date