
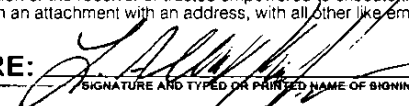


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90252 035 ***150.00

DOCUMENT # P95000020418			
1. Entity Name ORTHOPEDIC DESIGNS, INC.			
Principal Place of Business WEST BAY CORPORATE CENTER II 9521 INTERNATIONAL COURT NORTH ST. PETERSBURG, FL 33716		Mailing Address WEST BAY CORPORATE CENTER II 9521 INTERNATIONAL COURT NORTH ST. PETERSBURG, FL 33716	
2. Principal Place of Business - No P.O. Box # 4820 PARK BLVD.		3. Mailing Address 4820 PARK BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PINELLAS PARK, FL		City & State PINELLAS PARK, FL	
Zip 33781	Country PINELLAS	Zip 33781	Country PINELLAS
4. FEI Number 59-3303910		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ESQUIVEL, JULIO C ESQ. SHUMAKER, LOOP & KENDRICK, LLP 101 E. KENNEDY BLVD., SUITE 2800 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BRAMLET, DALE G 2044 BRIGHTWATERS BLVD., N.E. ST. PETERSBURG, FL 33704	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MULLER, MARK 9521 INTERNATIONAL COURT NORTH ST. PETERSBURG, FL 33716	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YAMADA, KENGO 9521 INTERNATIONAL COURT NORTH ST. PETERSBURG, FL 33716	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS KIMMITT, LARRY A JR 9521 INTERNATIONAL COURT NORTH SAINT PETERSBURG, FL 33716	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  CFO		5/1/08 727-570-9200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	