2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000001156

Entity Name: LAKE DIABETES SUPPLY, INC.

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 508 N HARBOR CITY BLVD MELBOURNE, FL 329356838 **Current Mailing Address: New Mailing Address:** 2555 SO ATLANTIC AVE **SUITE 1205** DAYTONA BEACH SHORES, FL 321185536 FEI Number: 59-3349173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARTWELL, RICHARD B 2555 SO ATLANTIC AVE. **UNIT 1205** DAYTONA BEACH, FL 32118 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HARTWELL, MARK Name: Name: 13141 WHITEHAVEN LANE Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: Title: () Delete () Change () Addition HARTWELL, RICHARD B Name: Name: 2555 SO ATLANTIC AVE. # 1205 Address: Address: DAYTONA BEACH, FL 32118 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition HARTWELL, JOANNE B Name: Name: 2555 SO ATLANTIC AVE. # 1205 Address: Address: DAYTONA BEACH, FL 32118 City-St-Zip: City-St-Zip: Title: VΡ () Delete Title: () Change () Addition HARTWELL, PHILIP M Name: Name: Address: 1612 CLOVER CIRCLE Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD B. HARTWELL PRES 01/05/2007

NEIMAN, KATHRYN M

GRAND ISLAND, FL 32735

36932 SLICE CANE

Name:

Address: City-St-Zip: