2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# P96000001156

Entity Name: LAKE DIABETES SUPPLY, INC.

Current Principal Place of Business:

508 N HARBOR CITY BLVD
MELBOURNE, FL 329356838

New Principal Place of Business:

Current Mailing Address:

2555 SO ATLANTIC AVE
SUITE 1205
DAYTONA BEACH SHORES, FL 321185536

New Mailing Address:

508 N HARBOR CITY BLVD
MELBOURNE, FL 329356838

FEI Number: 59-3349173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARTWELL, RICHARD B
2555 SO ATLANTIC AVE.
UNIT 1205
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

HENNESSY, MICHAEL E
508 N HARBOR CITY BLV
MELBOURNE, FL 329356838 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: MICHAEL E. HENNESSY 05/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: HARTWELL, MARK
Address: 13141 WHITEHAVEN LANE
City-St-Zip: FORT MYERS, FL 33912

Title: P (X) Delete
Name: HARTWELL, RICHARD B
Address: 2555 SO ATLANTIC AVE. # 1205
City-St-Zip: DAYTONA BEACH, FL 32118

Title: S (X) Delete
Name: HARTWELL, JOANNE B
Address: 2555 SO ATLANTIC AVE. # 1205
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VP (X) Delete
Name: HARTWELL, PHILIP M
Address: 1612 CLOVER CIRCLE
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Delete
Name: NEIMAN, KATHRYN M
Address: 36932 SLICE LANE
City-St-Zip: GRAND ISLAND, FL 32735

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: HENNESSY, MICHAEL E
Address: 508 N HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 329356838

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

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

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 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: MICHAEL E. HENNESSY P 05/11/2009
Electronic Signature of Signing Officer or Director Date