2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 24, 2005 08:00 AM **DOCUMENT # P96000016819 Secretary of State** 1. Entity Name MEDICAL DEVELOPMENT RESOURCES, INC. Mailing Address Principal Place of Business 554 53RD SQUARE 953 OLD DIXIE HWY VERO BEACH, FL 32960 US 86 VERO BEACH, FL 32960 CR2E034 (10/03) 01202005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0651887 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BISHOP, PEGGY DO NOT WRITE 554 53RD SQUARE VERO BEACH, FL 32968 IN THIS SPACE 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U00000191697 NAME BISHOP, PEGGY 01/24/05-80184-001 150.00 554 53RD SQUARE STREET ADDRESS VERO BEACH, FL 32968 CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-7IP TIPLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED