


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000019516 1. Entity Name COMPLETE DIABETIC SYSTEMS, INC.	
--	---

Principal Place of Business 18067 AVONSDALE CIRCLE PORT CHARLOTTE, FL 33948 US	Mailing Address 18067 AVONSDALE CIRCLE PORT CHARLOTTE, FL 33948 US
--	--



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0647255	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  PRIOR, CAROL 18067 AVONSDALE CIRCLE PORT CHARLOTTE, FL 33948
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>
DATE _____ <small>(NOTE: Registered Agent signature required when re-instating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIOR, CAROL 18067 AVONSDALE CIRCLE PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRIOR, PETER 18067 AVONSDALE CIRCLE PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ENTWISTLE, JOSEPH 18235 AVONSDALE CIR PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000302843 04/13/05-80097-012 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Carol Prior</u> <u>Carol Prior / PRES</u> <u>4/11/05</u> <u>1-941-629-3425</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>