

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000019516

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: COMPLETE DIABETIC SYSTEMS, INC.

## Current Principal Place of Business:

18067 AVONSDALE CIRCLE  
PORT CHARLOTTE, FL 33948 US

## New Principal Place of Business:

## Current Mailing Address:

18067 AVONSDALE CIRCLE  
PORT CHARLOTTE, FL 33948 US

## New Mailing Address:

FEI Number: 65-0647255      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PRIOR, CAROL  
18067 AVONSDALE CIRCLE  
PORT CHARLOTTE, FL 33948 US

## Name and Address of New Registered Agent:

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:

Title: D ( ) Delete  
Name: PRIOR, CAROL  
Address: 18067 AVONSDALE CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: V ( ) Delete  
Name: PRIOR, PETER  
Address: 18067 AVONSDALE CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL

Title: ST ( ) Delete  
Name: ENTWISTLE, JOSEPH  
Address: 18235 AVONSDALE CIR  
City-St-Zip: PORT CHARLOTTE, FL 33948

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CAROL PRIOR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/11/2008

\_\_\_\_\_  
Date