

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000021744

Entity Name: EZ-MED COMPANY

FILED
Mar 29, 2006
Secretary of State

Current Principal Place of Business:

3350 NW 22ND TERRACE
STE 500 B
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

3350 NW 22ND TERRACE
STE 500 B
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 65-0840305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANGELL CORPORATE SERVICES
ONE NORTH CLEMATIS STREET
SUITE 400
WEST PALM BEACH, FL 33401 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: PTSD () Delete
Name: EDWIN, CHRISTENSEN
Address: 5022 NW 104TH WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: PS () Delete
Name: CHRISTENSEN, EDWIN
Address: 5022 NW 104TH WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: C () Delete
Name: WALMSLEY, PETER N
Address: 309 LORUNA DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: RAVILLI, PATRICK
Address: 6000 ROYAL MARCOWAY UNIT PH6
City-St-Zip: MARCO ISLAND, FL 34145

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:

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

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.

SIGNATURE: EDWIN CHRISTENSEN

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03/29/2006

Electronic Signature of Signing Officer or Director

Date