2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P97000105223

Entity Name: MEDCOM PRODUCT SOLUTIONS, INC.

Current Principal Place of Business:

2839 CRANE TRACE CIRCLE
ORLANDO, FL 32837 US

New Principal Place of Business:

440 S. VILLA SAN MARCO DR.
103
ST AUGUSTINE, FL 32086 US

Current Mailing Address:

2839 CRANE TRACE CIRCLE
ORLANDO, FL 32837 US

New Mailing Address:

440 S. VILLA SAN MARCO DR.
103
ST AUGUSTINE, FL 32086 US

FEI Number: 65-0803897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCEWAN, JOHN T
2839 CRANE TRACE CIRCLE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

MCEWAN, KATHLEEN S
440 S. VILLA SAN MARCO DR.
103
ST AUGUSTINE, FL 32086 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: KATHLEEN S. MCEWAN 04/14/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/S ( ) Delete
Name: MCEWAN, JOHN
Address: 2839 CRANE TRACE CIRCLE
City-St-Zip: ORLANDO, FL 32837

Title: T ( ) Delete
Name: MARCK, SALLY
Address: 2839 CRANE TRACE CIRCLE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change ( ) Addition
Name: MCEWAN, JOHN T P/S
Address: 30 REGENT AVE
City-St-Zip: BLUFFTON, SC 29910

Title: T (X) Change ( ) Addition
Name: MCEWAN, KATHLEEN S T
Address: 440 S. VILLA SAN MARCO DR. #103
City-St-Zip: ST AUGUSTINE, FL 32086

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: JOHN T. MCEWAN P/S 04/14/2009
Electronic Signature of Signing Officer or Director Date