


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90042 040 ***150.00

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| DOCUMENT # P98000090733 |  |
| 1. Entity Name ORTHOPEDIC SUPPLIES INC. | |

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| Principal Place of Business 4889 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33063 | Mailing Address 4889 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33063 |
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| 2. Principal Place of Business - No P.O. Box # 7239 W ATLANTIC AV. | 3. Mailing Address 7239 W ATLANTIC AV |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State DELRAY BEACH FL | City & State DELRAY BEACH FL |
| Zip 33446 | Country PALESTINE |

01112007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 65-0871270 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent PERMAN, WILLIAM 4889 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33063 |
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| 7. Name and Address of New Registered Agent Name WILLIAM PERMAN Street Address (P.O. Box Number is Not Acceptable) 7239 W. ATLANTIC AVE City DELRAY BEACH FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DIXON, MANDY 4889 COCONUT CREEK PKWY COCONUT CREEK, FL 33063 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES MANDY DIXON 7239 WEST ATLANTIC AV DELRAY BEACH FL 33446 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST PERMAN, WILLIAM 4889 COCONUT CREEK PKWY COCONUT CREEK, FL 33063 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY WILLIAM PERMAN 7239 WEST ATLANTIC AV DELRAY BEACH FL 33446 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: William Perman **3-23-07 816386349**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #