

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093269

Entity Name: C.S.G/BIO-MEDIC, INC.

FILED
Feb 22, 2007
Secretary of State

Current Principal Place of Business:

701 SW 27TH AVE
SUITE 1203
MIAMI, FL 33135 US

New Principal Place of Business:

2520 AUSTIN SMITH CT
NORTH FORT MYERS, FL 33917 US

Current Mailing Address:

701 SW 27TH AVE
SUITE 1203
MIAMI, FL 33135 US

New Mailing Address:

2520 AUSTIN SMITH CT
NORTH FORT MYERS, FL 33917 US

FEI Number: 65-0873810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLINGER, JOSEPH E
701 SW 27TH AVE
SUITE 1203
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

OLINGER, JOSEPH E
2520 AUSTIN SMITH CT
NORTH FORT MYERS, FL 33917 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: JOSEPH OLINGER

02/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OLINGER, JOSEPH E
Address: 701 SW 27TH AVE, SUITE 1203
City-St-Zip: MIAMI, FL 33135 US

Title: VPS () Delete
Name: OLINGER, KATIA R
Address: 701 SW 27TH AVE, SUITE 1203
City-St-Zip: MIAMI, FL 33135 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OLINGER, JOSEPH E
Address: 2520 AUSTIN SMITH CT
City-St-Zip: N FORT MYERS, FL 33917 US

Title: VPS (X) Change () Addition
Name: OLINGER, KATIA R
Address: 2520 AUSTIN SMITH CT
City-St-Zip: N FORT MYERS, FL 33917 US

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: JOSEPH OLINGER

P

02/22/2007

Electronic Signature of Signing Officer or Director

Date