2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# P99000015527

Entity Name: TJD MEDICAL INC

Current Principal Place of Business:

6421 GALL BLVD.
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

PO BOX 77
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 59-3556645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNN, TIM
4668 SCHOOL ROAD
LAND O'LAKES, FL 34639 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DUNN, TIM
Address: 4668 SCHOOL RD
City-St-Zip: LAND O LAKES, FL 34639

Title: STD ( ) Delete
Name: DUNN, JULIA
Address: 4668 SCHOOL RD
City-St-Zip: LAND O LAKES, FL 34639

Title: ADMI ( ) Delete
Name: BLUM, KARIN L
Address: 2528 BLEIER CORNER
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ADMI (X) Change ( ) Addition
Name: BLUM, KARIN L
Address: 36543 JACKSON AVE
City-St-Zip: DADE CITY, FL 33525

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: KARIN L BLUM OM 07/05/2006

Electronic Signature of Signing Officer or Director Date