

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000022405

Entity Name: MEDSAFETY, INC.

FILED
Feb 04, 2005
Secretary of State

Current Principal Place of Business:

MEDSAFETY, INC.
16520 SOUTH TAMiami TRAIL #17
FORT MYERS, FL 33908

New Principal Place of Business:

MEDSAFETY, INC.
17051 JEAN STREET #7
FORT MYERS, FL 33912

Current Mailing Address:

MEDSAFETY, INC.
16520 SOUTH TAMiami TRAIL #17
FORT MYERS, FL 33908

New Mailing Address:

MEDSAFETY, INC.
17051 JEAN STREET #7
FORT MYERS, FL 33912

FEI Number: 65-0900595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KREPS, GARY D
18161 OLD DOMINION CT
FT MYERS, FL 33908 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: P () Delete
Name: KREPS, GARY
Address: 18161 OLD DOMINION COURT
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: GARY KREPS

P

02/04/2005

Electronic Signature of Signing Officer or Director

_____ Date