2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000025470

FILED Jan 05, 2004 Secretary of State

Entity Name: KELMEDIX, INC. **Current Principal Place of Business: New Principal Place of Business:** 6205 DELTONA BLVD SPRING HILL, FL 34606 **Current Mailing Address: New Mailing Address:** 6205 DELTONA BLVD SPRING HILL, FL 34606 FEI Number: 59-3566036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOGAN, THOMAS S 20 S. BROAD STREET BROOKSVILLE, FL 34601 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: (X) Change () Addition SWANSON, SHARON SWANSTON, SHARON Name: 4344 RACHEL BLVD 4344 RACHEL BLVD Address:

Title: Name: Address: City-St-Zip: SPRING HILL, FL 34606 City-St-Zip: SPRING HILL, FL 34607 Title: () Delete Title: () Change () Addition

SWANSTON, DARRELL Name: Name: 4344 RACHEL BLVD Address: Address: SPRING HILL, FL 34607 City-St-Zip: 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 Statutés. 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: SHARON J SWANSTON D 01/05/2004