

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000030650

Entity Name: INTERCHANGE MEDICAL, INC.

FILED  
Mar 20, 2006  
Secretary of State

## Current Principal Place of Business:

2821 E COMMERCIAL BLVD., SUITE 201  
FORT LAUDERDALE, FL 33308

## New Principal Place of Business:

## Current Mailing Address:

2821 E COMMERCIAL BLVD., SUITE 201  
FORT LAUDERDALE, FL 33308

## New Mailing Address:

FEI Number: 65-0908988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MORADI, AHMAD  
2821 E COMMERCIAL BLVD., SUITE 201  
FORT LAUDERDALE, FL 33308 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: D ( ) Delete  
Name: MORADI, AHMAD  
Address: 2821 E COMMERCIAL BLVD., SUITE 201  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D ( ) Delete  
Name: DONALD, SMITH  
Address: 18691 PLUMOSA STREET  
City-St-Zip: FOUNTAIN VALLEY, CA 92708

Title: D ( ) Delete  
Name: PAULL, RICHARD J  
Address: 13712 LAVENDER LANE  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MORADI, AHMAD  
Address: 2821 E COMMERCIAL BLVD., SUITE 201  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VPD (X) Change ( ) Addition  
Name: DONALD, SMITH  
Address: 18691 PLUMOSA STREET  
City-St-Zip: FOUNTAIN VALLEY, CA 92708

Title: STD (X) Change ( ) Addition  
Name: PAULL, RICHARD J  
Address: 13712 LAVENDER LANE  
City-St-Zip: WELLINGTON, FL 33414

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: RICHARD J. PAULL

STD

03/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date