


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000044507					
1. Entry Name KIE-MEDICAL, INC.					
Principal Place of Business 6841 DONA DR. NAVARRE, FL 32566			Mailing Address 6841 DONA DR. NAVARRE, FL 32566		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KIEFFER, THOMAS R 6841 DONA DR. NAVARRE, FL 32566				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIEFFER, THOMAS R	NAME			
STREET ADDRESS	6841 DONA DR	STREET ADDRESS			
CITY-ST-ZIP	NAVARRE, FL 32566	CITY-ST-ZIP		U00000662561 03/21/07-80019-011 150.00	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Thomas R. Kieffer</i>		SIGNATURE: <i>Thomas R. Kieffer</i>		3/7/07 850-516-2788	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	