

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000047796

FILED
Jan 19, 2007
Secretary of State

Entity Name: QUALIMED RESPIRATORY AND MOBILITY, INC.

Current Principal Place of Business:

205 FIRST ST. SOUTH
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

205 FIRST ST. SOUTH
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-3577525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O;TOOL, NEAL L
P.O. BOX 50
BARTOW, FL 33831 US

Name and Address of New Registered Agent:

O;TOOL, NEAL L
310 E. MAIN ST
BARTOW, FL 33830 US

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:

01/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: EDWARDS, ELBERT VERNON
Address: 1407 OAKWOOD LANE
City-St-Zip: PLANT CITY, FL 33566

Title: S () Delete
Name: ANDERSON, SHERYL ANN
Address: 4817 FIETZWAY ROAD
City-St-Zip: DOVER, FL 33527

Title: PT () Delete
Name: WILLIS, BRIAN
Address: 472 ARCHAIC DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WILLIS, KAREN R
Address: 472 ARCHAIC DR
City-St-Zip: WINTER HAVEN, FL 33880

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

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 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: BRIAN T. WILLIS

PT

01/19/2007

Electronic Signature of Signing Officer or Director

Date