

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000047998

FILED
Jan 26, 2007
Secretary of State

Entity Name: COMPLETE MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

10501 N.W. 50 STREET
SUITE 102
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

10501 N.W. 50 STREET
SUITE 102
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-0923748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STURRUP, SCOTT
10501 N.W. 50 STREET
SUITE 102
SUNRISE, FL 33351 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 (X).

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: HETTINGER, SANDY
Address: 1735 VESTAL WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: PS () Delete
Name: STURRUP, SCOTT
Address: 6290 NW 105 WAY
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SCOTT STURRUP

PS

01/26/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date