2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 09, 2005
Secretary of State

DOCUMENT# P99000062765

Entity Name: CARE TOUCH MEDICAL EQUIPMENT INC.

Current Principal Place of Business:

3095 SO MILITARY TRAIL
STE-11
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

3095 SO MILITARY TRAIL
STE-11
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-0933800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEON, CARMEN
4050 WINCHESTER LANE
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

KAPOOR, JATINDER
3095 SOUTH MILITARY TRAIL
SUITE 11
LAKE WORTH, FL 33463 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: JATINDER KAPOOR 09/09/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEON, CARMEN
Address: 3095 SO MILITARY TRAIL
City-St-Zip: LAKE WORTH, FL 33463

Title: VP ( ) Delete
Name: COLON, JOSE
Address: 3095 SOUTH MILITARY TRAIL
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KAPOOR, JATINDER
Address: 9297 OLMSTEAD DRIVE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP,D (X) Change ( ) Addition
Name: KAPUR, VIKAS
Address: 17323 S.W. 32 LANE
City-St-Zip: MIRAMAR, FL 33029 US

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 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: JATINDER KAPOOR P 09/09/2005
Electronic Signature of Signing Officer or Director Date