
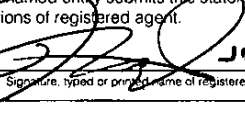
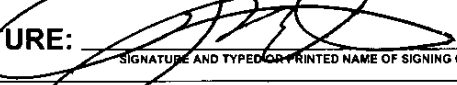


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90177 017 ***150.00

DOCUMENT # P99000087816			
1. Entity Name BREATHE EASY OXYGEN SUPPLY, INC.			
Principal Place of Business 3712 SAN JOSE PLACE SUITE 5 JACKSONVILLE, FL 32257		Mailing Address 3712 SAN JOSE PLACE SUITE 5 JACKSONVILLE, FL 32257	
2. Principal Place of Business 3721 San Jose Place Suite, Apt. #, etc. Suite # 5 City & State Jacksonville, FL. Zip 32257		3. Mailing Address P.O. Box 57758 Suite, Apt. #, etc. City & State Jacksonville, FL. Zip 32241	
		04252006 Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3601286	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STAATS, PHILIP 3712 SAN JOSE PLACE SUITE 5 JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name Joe Miracle Street Address (P.O. Box Number is Not Acceptable) 3721 San Jose Place Suite # 5 City Jacksonville FL Zip Code 32257	
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  JOE R. MIRACLE PVST DATE 4/25/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST STAATS, PHILIP 3712 SAN JOSE PLACE, SUITE 5 JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Joe Miracle 3721 San Jose Place suite 5 Jacksonville, FL, 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		JOE R. MIRACLE 4/25/06 904-780-1551	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	