

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087816

**FILED**  
**Apr 25, 2007**  
**Secretary of State**

**Entity Name:** BREATHE EASY OXYGEN SUPPLY, INC.

**Current Principal Place of Business:**

3721 SAN JOSE PLAE C  
SUITE 5  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

3721 SAN JOSE PLACE  
SUITE 5  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

P.O. BOX 57758  
SUITE 5  
JACKSONVILLE, FL 32241

**New Mailing Address:**

P.O. BOX 57758  
JACKSONVILLE, FL 32241

**FEI Number:** 59-3601286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIRACLE, JOE  
3721 SAN JOSE PLACE  
SUITE 5  
JACKSONVILLE, FL 32257 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 ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: MIRACLE, JOE  
Address: 3721 SAN JOSE PLACE SUITE 5  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: MIRACLE, JOE  
Address: 3721 SAN JOSE PLACE, SUITE 5  
City-St-Zip: JACKSONVILLE, FL 32257

**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 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: JOE MIRACLE

PVST

04/25/2007

Electronic Signature of Signing Officer or Director

Date