

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087816

FILED
Apr 29, 2009
Secretary of State

Entity Name: BREATHE EASY OXYGEN SUPPLY, INC.

Current Principal Place of Business:

3721 SAN JOSE PLACE
SUITE 5
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 57758
JACKSONVILLE, FL 32241

New Mailing Address:

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

PRES

04/29/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date