2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P99000111221

Entity Name: CIRQUE MEDICAL, INCORPORATED

Current Principal Place of Business:

5865 SW 108TH STREET
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

5865 SW 108TH STREET
MIAMI, FL 33156

New Mailing Address:

FEI Number: 65-0972973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEONE, JAMES E
5865 SW 108TH STREET
MIAMI, FL 33156 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:	P	( ) Delete
Name:	LEONE, JAMES E	
Address:	5865 SW 108TH STREET	
City-St-Zip:	MIAMI, FL 33156	
Title:	D	( ) Delete
Name:	DYE, KENNETH R	
Address:	13041 JAUPON PLACE	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	D	( ) Delete
Name:	LEONE, BRUCE J	
Address:	P.O. BOX 551391	
City-St-Zip:	JACKSONVILLE, FL 322551391	
Title:	D	( ) Delete
Name:	FINEGLASS, NEIL	
Address:	752 SHIPWATCH DR.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	AGNEW, RICHARD C	
Address:	3595 UNIVERSITY BLVD. S STE 602	
City-St-Zip:	JACKSONVILLE, FL 32216	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	LEONE, JAMES E	
Address:	5865 SW 108TH STREET	
City-St-Zip:	MIAMI, FL 33156	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 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: JAMES E LEONE PD 04/25/2005

Electronic Signature of Signing Officer or Director — Date