2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004
Secretary of State

DOCUMENT# S23380

Entity Name: MEDICAL DIRECTIONS PUBLISHING CO., INC.

Current Principal Place of Business:

931 VILLAGE BLVD PMB 308
SUITE 905
WEST PALM BEACH, FL 334091939

New Principal Place of Business:

931 VILLAGE BLVD PMB 308
SUITE 905
WEST PALM BEACH, FL 334091939 US

Current Mailing Address:

931 VILLAGE BLVD PMB 308
SUITE 905
WEST PALM BEACH, FL 334091939

New Mailing Address:

931 VILLAGE BLVD PMB 308
SUITE 905
WEST PALM BEACH, FL 334091939 US

FEI Number: 22-2929595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREGORY, ALAN
931 VILLAGE BLVD
SUITE 905-308
WEST PALM BEACH, FL 334091939 US

Name and Address of New Registered Agent:

GREGORY,, ALAN
931 VILLAGE BLVD PMB 308
SUITE 905
WEST PALM BEACH, FL 334091939 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: ALAN GREGORY 01/12/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GREGORY, ALAN,
Address: 931 VILLAGE BLVD STE 905-308
City-St-Zip: WEST PALM BEACH, FL 334091939

Title: ST ( ) Delete
Name: GREGORY, LUCY
Address: 931 VILLAGE BLVD STE 905
City-St-Zip: WEST PALM BEACH, FL 334091939

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 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: ALAN GREGORY MR. 01/12/2004
Electronic Signature of Signing Officer or Director Date