2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S42544

VASCOR MEDICAL CORPORATION

FILED Apr 26, 2006 Secretary of State

| Entity Name: VASCOR MEDICAL CORPORATION | | | | |
|---|--|--|--|--|
| Current Principal Place of Business: | | New Principal Place of | New Principal Place of Business: | |
| 4634 TARAY LAN HOLIDAY, FL 34 | | | | |
| Current Mailing Address: | | New Mailing Address: | New Mailing Address: | |
| P.O. BOX 148 P.O. BOX 148 TARPON SPRING | GS, FL 346880148 US | P.O. BOX 148 TARPON SPRINGS, FL | 346880148 US | |
| FEI Number: 59-306 | 7361 FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | |
| MACCIA, AUDRE 216 EARL STREE TARPON SPRING | ET | MACCIA, AUDREY M PI 216 EARL STREET TARPON SPRINGS, FL | | |
| The above named in the State of Flo | d entity submits this statement for the purida. | rpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: A | UDREY M MACCIA | | 04/26/2006 | |
| | Electronic Signature of Registered Ager | nt | Date | |
| Election Campaign | Financing Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Address: 216 E. | () Delete DIA, AUDREY, ARL ST ON SPRINGS, FL | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Address: 216 E. | () Delete CIA, VINCENT, ARL ST ON SPRINGS, FL | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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: AUDREY M MACCIA P 04/26/2006