

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90224 017 ***150.00

DOCUMENT # V03720 1. Entity Name THERAMAX MEDICAL INC.			
Principal Place of Business 1373 CLUBVIEW CT VENICE, FL 34292		Mailing Address 1373 CLUBVIEW CT VENICE, FL 34292	
2. Principal Place of Business 378 MONTELLUNA DR		3. Mailing Address 378 MONTELLUNA DR	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State N. VENICE FL		City & State N. VENICE FL	
Zip 34275-6616		Zip 34275-6616	
Country SARASOTA		Country SARASOTA	
4. FEI Number 59-3113713		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, RICHARD LEE 1373 CLUBVIEW CT VENICE, FL 34292		7. Name and Address of New Registered Agent Name ANDERSON, RICHARD LEE Street Address (P.O. Box Number is Not Acceptable) 378 MONTELLUNA DR City N. VENICE	
State FL		Zip Code 34275-6616	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Richard Lee Anderson</i> DATE: <i>April 30, 2006</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME ANDERSON, RICHARD LEE	<input type="checkbox"/> Delete	TITLE P
STREET ADDRESS 1373 CLUBVIEW CT	CITY-ST-ZIP VENICE, FL 34292	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME ANDERSON, RICHARD LEE
CITY-ST-ZIP VENICE, FL 34292	STREET ADDRESS 378 MONTELLUNA DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 378 MONTELLUNA DR
CITY-ST-ZIP VENICE, FL 34292	CITY-ST-ZIP N. VENICE, FL 34275-6616	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP N. VENICE, FL 34275-6616
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
CITY-ST-ZIP 	STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
CITY-ST-ZIP 	STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
CITY-ST-ZIP 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Richard Lee Anderson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	