


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # V07144<br>1. Entity Name<br>MORNINGSTAR MEDICAL, INC. |  |
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|--|--|
| Principal Place of Business<br>840 DELTONA BLVD<br>SUITE 0<br>DELTONA, FL 32775 US | Mailing Address<br>840 DELTONA BLVD<br>SUITE 0<br>DELTONA, FL 32775 US |
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04082005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number<br>59-3102780  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ROSENBERG, RICHARD A.  
101 N. WOODLAND BLVD.  
SUITE 205  
DELAND, FL

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | P<br>HARTWELL, JOHN C.<br>3052 ETTA CIRCLE<br>DELTONA, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |   |
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04/14/05-80098-018 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John C. Hartwell John C. HARTWELL Pres 4/8/2005 386 860 6115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if