2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# V12758

Entity Name: PERSONAL PULMONARY HEALTH CARE, INC.

Current Principal Place of Business:

2431 ALOMA AVE
STEN 221
WINTER OPARK, FL 32792 US

New Principal Place of Business:

2431 ALOMA AVE
STEN 221
WINTER PARK, FL 32792 US

Current Mailing Address:

16326 E SHIRLEY SHORES RD
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 59-3106252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERCEFIELD, DAVID S.
2431 ALOMA AVE
STE 221
WINTER PARK, FL 32792 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: D ( ) Delete
Name: BRUMBAUGH, JAY,
Address: 3115 S OSCEOLA AVE
City-St-Zip: ORLANDO, FL 32806

Title: DPT ( ) Delete
Name: LEHOTSKY, JOHN,
Address: 16326 E SHIRLEY SHORES RD
City-St-Zip: TAVARES, FL 32778

Title: S ( ) Delete
Name: LEHOTSKY, PA
Address: 16326 E SHIRLEY SHORES RD
City-St-Zip: TAVARES, FL 32778

Title: S ( ) Delete
Name: BRUMBAUGH, TERESA P
Address: 1316 BALDWIN DR.
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DPS (X) Change ( ) Addition
Name: LEHOTSKY, JOHN,
Address: 16326 E SHIRLEY SHORES RD
City-St-Zip: TAVARES, FL 32778

Title: T (X) Change ( ) Addition
Name: LEHOTSKY, PATRICIA
Address: 16326 E SHIRLEY SHORES RD
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change ( ) Addition
Name: BRUMBAUGH, TERESA P
Address: 1316 BALDWIN DR.
City-St-Zip: ORLANDO, FL 32806

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: JOHN LEHOTSKY DPS 01/10/2006
Electronic Signature of Signing Officer or Director Date