2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# V14953

Entity Name: D & G RESPIRATORY, INC.

Current Principal Place of Business:

AMERICAN DIABETIC SUPP GROUP
4627 ARNAOLD AVE #4
NAPLES, FL 34104 US

New Principal Place of Business:

AMERICAN DIABETIC SUPPORT GROUP
3860 VIA DEL REY SUITE 101
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

AMERICAN DIABETIC SUPPORT
4627 ARNAOLD AVE #4
NAPLES, FL 34104 US

New Mailing Address:

AMERICAN DIABETIC SUPPORT GROUP
3860 VIA DEL REY SUITE 101
BONITA SPRINGS, FL 34134 US

FEI Number: 65-0344978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FITZPATRICK, JONATHAN
4627 ARNOLD AVE #4
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

FITZPATRICK, JONATHAN
6441 AUTUMN WOODS BLVD
NAPLES, FL 34109 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: JONATHAN FITZPATRICK 01/04/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FITZPATRICK, JONATHAN
Address: 6441 AUTUMN WOODS BLVD
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: FITZPATRICK, PATRICIA J
Address: 306 EMERALD CIRCLE #J7
City-St-Zip: NAPLES, FL 34110 US

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: JONATHAN FITZPATRICK P 01/04/2005
Electronic Signature of Signing Officer or Director Date