

# EXHIBIT B

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 05, 2008  
Secretary of State**

DOCUMENT# P07000132362

Entity Name: RESPIRO, INC.

**Current Principal Place of Business:**

5355 MCINTOSH RD, SUITE A  
SARASOTA, FL 34233

**New Principal Place of Business:**

5355 MCINTOSH RD  
SUITE A  
SARASOTA, FL 34233

**Current Mailing Address:**

5355 MCINTOSH RD, SUITE A  
SARASOTA, FL 34233

**New Mailing Address:**

5355 MCINTOSH RD  
SUITE A  
SARASOTA, FL 34233

FEI Number: 26-1599807      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COMPTON, JOHN M  
1819 MAIN STREET  
SUITE 610  
SARASOTA, FL 34236 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: MOODY, CHRISTOPHER D  
Address: 1311 TANGIER WAY  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: MOODY, TAMARA D  
Address: 1311 TANGIER WAY  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: WARNER, LYLE  
Address: 1311 TANGIER WAY  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: WARNER, NATHAN  
Address: 1311 TANGIER WAY  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: WARNER, LYLE  
Address: 2177 ARLINGTON ST  
City-St-Zip: SARASOTA, FL 34239

Title: D (X) Change ( ) Addition  
Name: WARNER, NATHAN  
Address: 4069 MACEACHEN BLVD  
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify 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: NATHAN WARNER

D

03/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date