


**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

Page 1 of 2

DOCUMENT # F05000007048

1. Entity Name
MDWERKS, INC.



FILED

06 SEP 14 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 1020 NW 6TH STREET, SUITE I, DEERFIELD BEACH, FL 33442

Mailing Address: 1020 NW 6TH STREET, SUITE I, DEERFIELD BEACH, FL 33442



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

09072006 Chg-P CR2E034 (11/05)

City & State, Zip, Country

4. FEI Number: 33-1095411 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PFANNENSTIEL, TONIA
1020 NW 6TH STREET, SUITE 1
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent
Name: KATZ, HOWARD
Street Address (P.O. Box Number is Not Acceptable):
1020 NW 6th Street, Suite 1
City: Deerfield Beach FL Zip Code: 33442

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: Howard Katz (Signature) / [Signature] (Signature)
DATE: 9/7/06

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE: P	NAME: KANDEL, SOLON	STREET ADDRESS: 1020 NW 6TH STREET, SUITE I	CITY-ST-ZIP: DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete
TITLE: C	NAME: KATZ, HOWARD B CEO	STREET ADDRESS: 1020 NW 6TH STREET, SUITE I	CITY-ST-ZIP: DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete
TITLE: D	NAME: BARNES, DAVID	STREET ADDRESS: 108 VILLAGE SQUARE, SUITE 327	CITY-ST-ZIP: SOMERS, NY 10589	<input checked="" type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11


TITLE: DIR	NAME: DUNNE PETER	STREET ADDRESS: 1020 NW 6th Street, Suite 1	CITY-ST-ZIP: Deerfield Beach, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DIR	NAME: KUSHNER PAUL	STREET ADDRESS: 1020 NW 6th Street, Suite 1	CITY-ST-ZIP: Deerfield Beach, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
000079940230 09/19/06--01017--003 **\$1.25				
jc 9/15				

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: Vincent Colangelo (Signature) / [Signature] (Signature) SECRETARY
DATE: 9/7/06 DAYTIME PHONE #: 954 389 8300

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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		09072006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 33-1095411	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PFANNENSTIEL, TONIA 1020 NW 6TH STREET, SUITE 1 DEERFIELD BEACH, FL 33442			Name KATZ, HOWARD		
			Street Address (P.O. Box Number is Not Acceptable)		
			1020 NW 6th Street, Suite 1		
			City Deerfield Beach		FL
			Zip Code 33442		
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 <u>See Page 1</u>				DATE <u>9/7/06</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	P KANDEL, SOLO 1020 NW 6TH STREET, SUITE I DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KATZ HOWARD 1020 NW 6th Street, Suite 1 Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KATZ, HOWARD B CEO 1020 NW 6TH STREET, SUITE I DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO KANDEL SOLO 1020 NW 6th Street, Suite 1 Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, DAVID 108 VILLAGE SQUARE, SUITE 327 SOMERS, NY 10589	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO COANGELO VINCENT 1020 NW 6th Street, Suite 1 Deerfield Beach, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO MARESCA GERALD 1020 NW 6th Street, Suite 1 Deerfield Beach, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO WEISS STEPHEN 1020 NW 6th Street, Suite 1 Deerfield Beach, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BARNES DAVID 1020 NW 6th Street, Suite 1 Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: <u>See Page 1</u>				Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Daytime Phone #					