

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052730

FILED
Apr 25, 2006
Secretary of State

Entity Name: MED TECH INNOVATIONS, INC.

Current Principal Place of Business:

15981 HUFFMASTER RD.
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT D. ROYSTON
PO DRAWER 60205
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 04-3762194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD., SUITE 101
FORT MYERS, FL 33907 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: P () Delete
Name: GOODCHILD, WINTON J
Address: P.O. BOX 3427
City-St-Zip: NORTH FORT MYERS, FL 33918

Title: VP,T () Delete
Name: CALLIS, WILLIAM A
Address: 318 N. E. 11TH ST.
City-St-Zip: CAPE CORAL, FL 33909

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: SMOILISKY, DAVID J
Address: 3841 SEMINOLE AVE.
City-St-Zip: FORT MYERS, FL 33916

Title: D () Change (X) Addition
Name: KWIAT, DAVID W
Address: 2331 WOODLAND TERRACE
City-St-Zip: FORT MYERS, FL 33907

Title: D () Change (X) Addition
Name: DALLINGA, THOMAS
Address: 4030 LAKE FOREST
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Change (X) Addition
Name: HOGG, JAMES W ESQUIRE
Address: P.O. BOX 60112
City-St-Zip: FORT MYERS, FL 33906

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: WINTON J. GOODCHILD

P

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date