2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P01000032790

Entity Name: FAILURE ANALYSIS OF CARDIOVASCULAR TECHNOLOGIES, INC.

Current Principal Place of Business:

3777 GULF STREAM RD
GULF STREAM, FL 33483

New Principal Place of Business:

Current Mailing Address:

3777 GULF STREAM RD
GULF STREAM, FL 33483

New Mailing Address:

34 WASHINGTON CIRCLE
LAKE FOREST, IL 60045

FEI Number: 65-1101667 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORENO, ANTHONY C
3777 GULF STREAM RD
GULF STREAM, FL 33483 US

Name and Address of New Registered Agent:

MORENO, ANTHONY C
3777 GULF STREAM RD.
GULF STREAM, FL 33483 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: 05/01/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MORENO, ANTHONY C
Address: 3777 GULF STREAM RD
City-St-Zip: GULF STREAM, FL 33483

Title: D ( ) Delete
Name: MOORE, JAMES E JR.
Address: 15001 TURNBERRY CT.
City-St-Zip: COLLEGE STATION, TX 77845

Title: D ( ) Delete
Name: KATZEN, DR.BARRY T
Address: 1125 SAN PEDRO AVE.
City-St-Zip: CORAL GABLES, FL 33156

Title: D ( ) Delete
Name: MORENO, MICHAEL R
Address: 1400 RIVERSTONE CT.
City-St-Zip: COLLEGE STATION, TX 77845

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: KATZEN, DR.BARRY T
Address: 4201 COLLINS AVENUE, APT. 604
City-St-Zip: MIAMI BEACH, FL 33140

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 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: ANTHONY C. MORENO D 05/01/2006
Electronic Signature of Signing Officer or Director Date