2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# 479519

Entity Name: BIO-TECH PROSTHETIC LAB, INC.

Current Principal Place of Business:

2501 LAKE RUBY ROAD
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 181
DELAND, FL 32721

New Mailing Address:

FEI Number: 59-1597031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIVETT, DANNIE WAYNE
2501 LAKE RUBY ROAD
DELAND, FL 32720 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: PD ( ) Delete
Name: TRIVETT, BARNIE POHL, MAN
Address: 2501 LAKE RUBY ROAD
City-St-Zip: DELAND, FL 00000,

Title: DS ( ) Delete
Name: TRIVETT, DANNIE WAYN, E
Address: 2501 LAKE RUBY ROAD
City-St-Zip: DELAND, FL 00000,

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 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: BARNIE P. TRIVETT PD 02/12/2009

Electronic Signature of Signing Officer or Director Date