## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 655688** 

Entity Name: HF SCIENTIFIC, INC.

FILED Feb 28, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
3170 METRO PKWY FT MYERS FL, FL 339167597 US				3170 METRO PKWY FORT MYERS FL, FL 339167597 US				
Current Mailing Address:				New Mailing Address:				
3170 METRO PKWY FT MYERS, FL 33916 US				815 CHESTNUT STREET NORTH ANDOVER, MA 01845 US				
FEI Number: 59-1985883 FEI Number Applied For ( )			FEI Number Not Applicable ( ) Certificate of Status Desired ( )					
Name and	d Address of (	Current Registered Agent:		Name and	Address of N	lew Regis	tered Agent:	
1200 SOU PLANTAT	ORATION SYS ITH PINE ISLA ION, FL 3332	ND RD. 4 US						
	e named entity e of Florida.	submits this statement for the	purpose o	f changing i	ts registered o	ffice or reg	gistered agent, or both,	
SIGNATU	RE:							
	Electro	nic Signature of Registered Ag	jent			D:	ate	
	mpaign Financin S AND DIREC	g Trust Fund Contribution ( ).		ADDITION	ISICHANGES	TO OFFIC	ERS AND DIRECTOR	
OFFICER	3 AND DIREC	iors.		ADDITION	IS/CHANGES	10 OFFIC	ERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	O'KEEFE, PAT 815 CHESTNU			Title: Name: Address: City-St-Zip:	O'KEEFE, PATE 815 CHESTNUT	STREET		
Title: Name: Address: City-St-Zip:	MARTINO, WIL 815 CHESTNU			Title: Name: Address: City-St-Zip:	( )	Change ( )	Addition	
Title: Name: Address: City-St-Zip:	MCCARTNEY, 815 CHESTNU			Title: Name: Address: City-St-Zip:	PRES (X) MCCARTNEY, N 815 CHESTNUT NORTH ANDOV	STREET		
Title: Name: Address: City-St-Zip:	WHITE, DOUG	ILLIAMS DRIVE, C-20		Title: Name: Address: City-St-Zip:	( )	Change ( )	Addition	
Title: Name: Address: City-St-Zip:	TAUFEN, LEST 815 CHESTNU			Title: Name: Address: City-St-Zip:	()	Change ( )	Addition	
Title: Name: Address:	LEPAGE, KEN 815 CHESTNU			Title: Name: Address:	( )	Change ( )	Addition	

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: WILLIAM C. MCCARTNEY PRES 02/28/2007