

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F02000001652

**FILED**  
**May 30, 2008**  
**Secretary of State****Entity Name:** MEDICAL TECHNOLOGY (W.B.) INC.**Current Principal Place of Business:**960 GREEN VALLEY ROAD  
LONDON, ON N6N 1E3**New Principal Place of Business:**1015 GREEN VALLEY ROAD  
LONDON, ON N6N 1E4 CA**Current Mailing Address:**960 GREEN VALLEY ROAD  
LONDON, ON N6N 1E3**New Mailing Address:**1015 GREEN VALLEY ROAD  
LONDON, ON N6N 1E4 CA**FEI Number:** 98-0186757**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CHRISTOPHER, DONALD E  
390 NORTH ORANGE AVENUE, SUITE 2200  
ORLANDO, FL 32801 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

**OFFICERS AND DIRECTORS:****Title:** CP ( ) Delete  
**Name:** SINGH, RANJIE  
**Address:** 360 GREEN VALLEY ROAD  
**City-St-Zip:** LONDON, ON N6N 1E3 CA**Title:** TD ( ) Delete  
**Name:** SINGH, KAREN  
**Address:** 360 GREEN VALLEY ROAD  
**City-St-Zip:** LONDON, ON N6N 1E3 CA**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CP (X) Change ( ) Addition  
**Name:** SINGH, RANJIE  
**Address:** 1015 GREEN VALLEY ROAD  
**City-St-Zip:** LONDON, ON N6N E4 CA**Title:** TD (X) Change ( ) Addition  
**Name:** SINGH, KAREN  
**Address:** 1015 GREEN VALLEY ROAD  
**City-St-Zip:** LONDON, ON N6N E4 CA

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: DONALD E. CHRISTOPHER

RA

05/30/2008

Electronic Signature of Signing Officer or Director

Date