

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F02000004740

FILED
Dec 07, 2006
Secretary of State**Entity Name:** CARDIOVASCULAR SCIENCES, INC.**Current Principal Place of Business:**3251 PROGRESS DR
SUITE A, RM 121
ORLANDO, FL 32826**New Principal Place of Business:****Current Mailing Address:**218 WILSHIRE BLVD
CASSELBERRY, FL 32707**New Mailing Address:****FEI Number:** 06-1622314**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HARPER, NEAL
494 COUNTRY CLUB DR
LONGWOOD, FL 32750 US**Name and Address of New Registered Agent:**EDELMANN, ERIC O
1332 HOMESTEAD WAY
PALM HARBOR, FL 34683 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: ERIC O. EDELMANN

12/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: HARPER, NEAL
Address: 226 WILSHIRE BLVD
City-St-Zip: CASSELBERRY, FL 32701

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:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BD (X) Change () Addition
Name: HARPER, NEAL
Address: 226 WILSHIRE BLVD
City-St-Zip: CASSELBERRY, FL 32701

Title: CP () Change (X) Addition
Name: EDELMANN, ERIC O
Address: 1332 HOMESTEAD WAY
City-St-Zip: PALM HARBOR, FL 34683

Title: BD () Change (X) Addition
Name: HOOPER, LAWRENCE H DR
Address: 388 LAKEPARK TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: BD () Change (X) Addition
Name: CONOVER, JEVNE
Address: 11896 LAKESHORE AVE
City-St-Zip: GRAND HAVEN, MI 49417

Title: BD () Change (X) Addition
Name: IQBAL, MUHAMMAD Z DR
Address: 811 ELLEN LANE CT
City-St-Zip: RIVER VALE, NJ 07675

Title: BD () Change (X) Addition
Name: HARDER, SAMUEL W
Address: 8095 SOMERSET RD
City-St-Zip: ST. PAUL, MN 55125

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: ERIC O. EDELMANN

CP

12/07/2006

Electronic Signature of Signing Officer or Director

Date