2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F04000005400

Entity Name: XENI MEDICAL SYSTEMS, INC.

FILED Sep 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1020 NW 6TH STREET SUITE I

DEERFIELD BEACH, FL 33442

Current Mailing Address: New Mailing Address:

1020 NW 6TH STREET SUITE I

DEERFIELD BEACH, FL 33442

FEI Number: 20-1426957 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PFANNENSTIEL, TONIA SECY
1020 NW 6TH STREET
1020 NW 6TH STREET

SUITE I SUITE I

DEERFIRLD BEACH, FL 33442 US DEERFIELD BEACH, FL 33442 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: HOWARD KATZ 09/07/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: CEOD (X) Change () Addition Name: KANDEL, SOLON Name: KATZ, HOWARD

Address: 4868 FOX HUNT TRAIL Address: 1020 NW 6TH STREET, SUITE I
City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: DEERFIELD BEACH, FL 33442

Title: CEO () Delete Title: PD (X) Change () Addition

Name: KATZ, HOWARD Name: KANDEL, SOLON

Address: 782 NE HARBOUR DRIVE Address: 1020 NW 6TH STREET, SUITE I
City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: DEERFIELD BEACH, FL 33442

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 COLANGELO, VINCENT

 Address:
 Address:
 1020 NW 6TH STREET, SUITE I

 City-St-Zip:
 City-St-Zip:
 DEERFIELD BEACH, FL 33442

Title: () Delete Title: T () Change (X) Addition

Name: Name: KATZ, HOWARD

Address: Address: 1020 NW 6TH STREET, SUITE I
City-St-Zip: City-St-Zip: DEERFIELD BEACH, FL 33442

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: VINCENT COLANGELO S 09/07/2006