2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2009
Secretary of State

DOCUMENT# F04000005400

Entity Name: XENI MEDICAL SYSTEMS, INC.

Current Principal Place of Business:

1020 NW 6TH STREET
SUITE I
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1020 NW 6TH STREET
SUITE I
DEERFIELD BEACH, FL 33442

New Mailing Address:

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

Name and Address of Current Registered Agent:

KATZ, HOWARD CEOD
1020 NW 6TH STREET
SUITE I
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

BARNES, DAVID CEOD
1020 NW 6TH STREET
SUITE I
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: DAVID BARNES 05/22/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: KATZ, HOWARD
Address: 1020 NW 6TH STREET, SUITE I
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: PD ( ) Delete
Name: KANDEL, SOLON
Address: 1020 NW 6TH STREET, SUITE I
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: S (X) Delete
Name: COLANGELO, VINCENT
Address: 1020 NW 6TH STREET, SUITE I
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: T (X) Delete
Name: KATZ, HOWARD
Address: 1020 NW 6TH STREET, SUITE I
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition
Name: BARNES, DAVID
Address: 1020 NW 6TH STREET, SUITE I
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: CFOS (X) Change ( ) Addition
Name: COLANGELO, VINCENT
Address: 1020 NW 6TH STREET, SUITE I
City-St-Zip: DEERFIELD BEACH, FL 33442

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: DAVID BARNES PRES 05/22/2009
Electronic Signature of Signing Officer or Director Date