

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003600

Entity Name: ALLIANCE TECH MEDICAL, INC.

FILED
Feb 26, 2007
Secretary of State

Current Principal Place of Business:

5305 MISSION CR
GRANBURY, TX 76049

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6024
GRANBURY, TX 76049

New Mailing Address:

FEI Number: 20-0490124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SNOBARGER, JOHN E
Address: 1307 SUFFOLK ST
City-St-Zip: BAKERSFIELD, CA 93312

Title: V () Delete
Name: SILVA, JOHN H
Address: 5305 MISSION CR
City-St-Zip: GRANBURY, TX 76049

Title: S () Delete
Name: CAMPBELL, H. STEWART
Address: 218 TIMBER KNOLL DR
City-St-Zip: BEAR, DE 19701

Title: T () Delete
Name: JANISCH, JEFFREY R
Address: 19 W 144 MILLBROOK CT
City-St-Zip: DOWNERS GROVE, IL 60516

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: JOHN SILVA

VP

02/26/2007

Electronic Signature of Signing Officer or Director

Date