

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90046 025 ***150.00

DOCUMENT # F06000002484 1. Entity Name RIGID MEDICAL TECHNOLOGIES, INC.					
Principal Place of Business 4701 ALTON ROAD, SUITE 4212 MIAMI BEACH, FL 33140			Mailing Address 27412 ALISO VIEJO PARKWAY ALISO MIEJO, CA 92656		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 27412 Aliso Viejo Parkway Suite, Apt. #, etc.			
City & State City: _____ State: _____		City & State Aliso Viejo, CA		4. FEI Number 04-3595939	
Zip 92656		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION 1200 S. PINE ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: FL Zip Code: _____	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C GUDMUNDARSON, PETER GRJOTHALS 5, 110 REYKJAVIK, ICELAND.	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Jan Sigurdsson Grjothals 5 110 Reykjavik Iceland	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C KRISTINSSON, OSSUR GRJOTHALS 5, 110 REYKJAVIK, ICELAND.	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Mark Emery 27412 Aliso Viejo Pkwy Aliso Viejo CA 92656	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KJELL, BENGT GRJOTHALS 5, 110 REYKJAVIK, ICELAND.	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEFANSSON, GUNNAR GRJOTHALS 5 110 REYKJAVIK, ICELAND.	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARALDSON, HEIMIR GRJOTHALS 5, 110 REYKJAVIK, ICELAND.	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAGNARSSON, KRISTJAN T GRJOTHALS 5 110 REYKJAVIK, ICELAND.	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <i>Mark Emery</i> MARK EMERY 3-13-07 949362 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> 3-13-07 <small>Daytime Phone #</small> 949362					