

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006040

FILED
Feb 24, 2007
Secretary of State

Entity Name: SYNCRO MEDICAL INNOVATIONS, INC.

Current Principal Place of Business:

433 CHERRY ST
LOWER LEVEL # 6
MACON, FL 31201

New Principal Place of Business:

2860 23RD AVENUE NORTH
ST. PETERSBURG, FL 33713

Current Mailing Address:

433 CHERRY ST
LOWER LEVEL # 6
MACON, FL 31201

New Mailing Address:

2860 23RD AVENUE NORTH
ST. PETERSBURG, FL 33713

FEI Number: 58-2392760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALCALA, DON
2860 23RD AVE NORTH
ST PETERSBURG, FL 33713 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: C () Delete
Name: SANDOSKI, AARON
Address: 101 MAIN ST
City-St-Zip: CAMBRIDGE, MA 02142

Title: VC () Delete
Name: FRANKHOUSER, PAUL
Address: 7301 GLADWIN CT
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: GABRIEL, SABRY
Address: 433 CHERRY ST
City-St-Zip: MACON, FL 31201

Title: P () Delete
Name: WAKEFORD, GARY
Address: 20 JADE CIR
City-St-Zip: CONFIELD, OH 44406

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: P (X) Change () Addition
Name: WAKEFORD, GARY
Address: 20 JADE CIR
City-St-Zip: CANFIELD, OH 44406

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: GARY WAKEFORD

P

02/24/2007

Electronic Signature of Signing Officer or Director

Date