

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000952

FILED
Jan 18, 2009
Secretary of State

Entity Name: MEDICAL TECHNOLOGY TRANSFER CORPORATION

Current Principal Place of Business:

2800 28TH STREET
SUITE 310
SANTA MONICA, CA 90405 US

New Principal Place of Business:

Current Mailing Address:

1800 W. HIBISCUS BLVD.
SUITE 100
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 95-4458478 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRIGHT, FRANK
1800 W. HIBISCUS BLVD.
SUITE 100
MELBOURNE, FL 32901 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: COO () Delete
Name: BRIGHT, FRANK
Address: 589 HUMMINGBIRD DR
City-St-Zip: INDIALANTIC, FL 32903

Title: CEO () Delete
Name: YAGHMAI, SIAMAK
Address: 323 SAN VICINTE BLVD 20
City-St-Zip: SANTA MONICA, CA 90402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FRANK BRIGHT

COO

01/18/2009

Electronic Signature of Signing Officer or Director

Date