2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90968 025 ***150.00

DOCUMENT # F95000003425

1. Entity Name
BIO-MAGNETIC THERAPY SYSTEMS, INC.

Principal Place of Business	Mailing Address
103 E. PALMETTO PARK RD BOCA RATON, FL 33432 US	103 E. PALMETTO PARK RD BOCA RATON, FL 33432 US

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Kapellenweg 6	103 E. Palmetto Pk. Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Munich	City & State: Boca Raton FL
Zip: 81371 Country: Germany	Zip: 33432 Country: U.S.A.

4. FEI Number: 06-1329778 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
D'ALMEIDA, ARTHUR B 105 E. PALMETTO PARK ROAD BOCA RATON, FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	CD MARKOLL, RICHARD ~~12701 SAXONY COURT~~ ~~BOCA RATON, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Kapellenweg 6 Munich, Germany
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BINDER-MARKOLL, ERNESTINE J ~~12701 SAXONY~~ ~~BOCA RATON, FL 33486~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Binder Markoll, Ernestine J. Kapellenweg 6 Munich, Germany
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGEEHAN, ED 35 MASTERS WAY NEWNAN, GA 30265	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS CANDIA, STACY 4107 A PALM BAY CIRCLE WEST PALM BEACH, FL 33406	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Richard Markoll 4/26/05 561-883-1210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #