


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90046 025 ***150.00

DOCUMENT # F95000003425 1. Entity Name BIO-MAGNETIC THERAPY SYSTEMS, INC.	
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Principal Place of Business KAPELLENWEG 6 MUNICH, GERMANY, 81371	Mailing Address 105 E. PALMETTO PARK RD BOCA RATON, FL 33432 US
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DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1329778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

D'ALMEIDA, ARTHUR B
105 E PALMETTO PARK RD
BOCA RATON, FL 33431

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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARKOLL, RICHARD KAPELLENWEG 6 MUNICH, GERMANY, 81371
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID BINDER-MARKOLL, ERNESTINE J KAPELLENWEG 6 MUNICH, GERMANY, 81371 Deleted
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Krause, Rolf Hans Kapellenweg 6 Munich, Germany 81371
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ **Jan 23 2006** **011-49-89**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **747 3050**