


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90158 020 ***150.00

DOCUMENT # F99000002284	
1. Entity Name MEDTECH CORPORATION OF AMERICA, INC.	

Principal Place of Business 1503 WEST SMITH STREET ORLANDO, FL 32804	Mailing Address 1503 WEST SMITH STREET ORLANDO, FL 32804
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2. Principal Place of Business 7512 Dr. Phillips Blvd Suite, Apt. #, etc. Ste 50, Mail Box 514 Orlando, FL Zip 32819 Country USA	3. Mailing Address 7512 Dr. Phillips Blvd Suite, Apt. #, etc. Ste 50, Mail Box 514 Orlando, FL Zip 32819 Country USA
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04222004 Chg-P CR2E034 (10/03)

4. FEI Number 22-3330816	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUPREEZ, GEORGE 1503 WEST SMITH STREET ORLANDO, FL 32804	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7512 Dr. Phillips Blvd Ste 50, Mail Box 514 City Orlando FL Zip Code 32819
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DUPREEZ, GEORGE F <input type="checkbox"/> Delete 1503 WEST SMITH STREET ORLANDO, FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7512 Dr. Phillips Blvd, Ste 50 Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUPREEZ, SANDRA H <input type="checkbox"/> Delete 1503 WEST SMITH STREET ORLANDO, FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7512 Dr. Phillips Blvd, Ste 50 Orlando, FL 32819
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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 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: *George Dupreez* **GEORGE DUPREEZ** *President* **PRESIDENT** *4/30/04* **407 321 5938**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #