

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2006 AUG -2 AM 11: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07282006 Chg-P CR2E034 (11/05)

DOCUMENT # L45666 1. Entity Name WITT BIOMEDICAL CORPORATION					
Principal Place of Business 305 NORTH DRIVE MELBOURNE, FL 32934			Mailing Address 305 NORTH DRIVE MELBOURNE, FL 32934		
2. Principal Place of Business		3. Mailing Address PO PHILIPS ELECTRONICS 1251 AVE. of the AMERICAS			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State NEW YORK, NY		4. FEI Number 59-3105799	
Zip		Zip 10020		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEALY, PATRICK F 700 S. BABCOCK ST. SUITE 400 MELBOURNE, FL 32902			7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET City TALLAHASSEE FL Zip Code 32301		
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 JOHN H. PELLETIER ASST. VICE PRESIDENT 7/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VC NAME WITT, TERENCE R STREET ADDRESS 2900 RIVERSIDE DRIVE CITY-ST-ZIP INDIALANTIC, FL	<input checked="" type="checkbox"/> Delete		TITLE PRESIDENT NAME GROENHUSEN, WILHELMUS STREET ADDRESS 1251 6TH AVE CITY-ST-ZIP NEW YORK, NY 10020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME WOLFE, MICHAEL R STREET ADDRESS 4285 WINDOVER WAY CITY-ST-ZIP MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete		TITLE VICE-PRESIDENT NAME SMITH, ROBERT N STREET ADDRESS 1251 6TH AVE. CITY-ST-ZIP NEW YORK, NY 10020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME VASTA, JEANNE M STREET ADDRESS 752 CARRIAGE HILL ROAD CITY-ST-ZIP MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete		TITLE TREASURER NAME ELTVIST, ANTHONY STREET ADDRESS 1251 6TH AVE. CITY-ST-ZIP NEW YORK, NY 10020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME ALLEN, MICHAEL D STREET ADDRESS 2809 WHISTLER STREET CITY-ST-ZIP W MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Delete		TITLE SECRETARY NAME OATES, WARREN T JR STREET ADDRESS 1251 6TH AVE CITY-ST-ZIP NEW YORK, NY 10020	<input type="checkbox"/> Change <input checked="" 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="font-size: 2em; font-family: cursive;">B 8/2/06</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: WARREN T OATES JR 7/28/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="text-align: right;">2125360500 <small>Daytime Phone #</small></div>					