## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22357

FILED Mar 30, 2005 Secretary of State

Entity Na	me: ARRHYTI	HMIA TECHNOLOGIES INST	TITUTE, INC.	
Current Principal Place of Business:		New Principal Place of Business:		
	UTIVE CENTE	R DRIVE		
SUITE 108 GREENVI	3 LLE, SC 29615	5 US		
Current M	lailing Addres	s:	New Mailing Addres	ss:
	UTIVE CENTE	R DRIVE		
BOX 120 GREENVI	LLE, SC 29615	5 US		
FEI Number	: 65-0032556	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	T OAKS BLVD			
The above	e named entity s	IS submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
The above			purpose of changing its registere	ed office or registered agent, or both,
The above n the Stat	e named entity s e of Florida. RE:	submits this statement for the		
The above n the Stat SIGNATU	e named entity s e of Florida. RE: Electron	submits this statement for the	gent	Date
The above in the Stat SIGNATU	e named entity s e of Florida. RE:	submits this statement for the	gent	
The above n the State SIGNATU  OFFICER  Fitle: Name: Address:	e named entity se of Florida.  RE: Electron S AND DIRECTORY SWEESY, MAR	ic Signature of Registered Ag  TORS:  Delete K W E CENTER DR. SUITE 108	gent	Date
The above in the Stat SIGNATU	e named entity se of Florida.  RE: Electron  S AND DIRECT  PT () SWEESY, MAR 400 EXECUTIVE GREENVILLE, S	ic Signature of Registered Actor of Registered	gent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK W. SWEESY PT 03/30/2005