

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000473

FILED
Feb 22, 2007
Secretary of State

Entity Name: PAIN CONTROL PRODUCTS MEDICAL, INC.

Current Principal Place of Business:

3850 ST. JOHNS PARKWAY
SANFORD, FL 32771

New Principal Place of Business:

501 GORDON ST.
SANFORD, FL 32771

Current Mailing Address:

4555 S ATLANTIC AVE #4108
DAYTONA BEACH, FL 32127

New Mailing Address:

FEI Number: 59-3619857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAZEN, FRANK
1343 TADSWORTH TERRACE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DRAZEN, FRANK
Address: 3850 ST. JOHNS PARKWAY
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DRAZEN, FRANK
Address: 501 GORDON ST.
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK DRAZEN

CEO

02/22/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date