## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P00000009235

FILED Jun 02, 2006 Secretary of State

Entity Name: MEDCAM TECHNOLOGY, INC. **Current Principal Place of Business: New Principal Place of Business:** 4586 N. HIATUS RD. 4735 NW 103 AVE SUNRISE, FL 33351 SUNRISE, FL 33351 **Current Mailing Address: New Mailing Address:** 4735 NW 103AVE 4586 N. HIATUS RD. SUNRISE, FL 33351 SUNRISE, FL 33351 FEI Number: 65-0975628 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BYARD, WAYNE R 1111 NW 93 AVE. PEMBROKE PINES, FL 33024 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition BYARD, WAYNE R BYARD, WAYNE R Name: Name:

11110NW 93 AVENUE 1111 NW 93 AVENUE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: PEMBROKE PINES, FL 33024

( ) Delete Title: VΡ Title: Name: CANE, RICHARD M Name: 1333 NW 127TH DRIVE Address: Address: SUNRISE, FL 33323 City-St-Zip: City-St-Zip:

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: WAYNER. BYARD **PRES** 06/02/2006

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