2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007
Secretary of State

DOCUMENT# P00000097657

Entity Name: MEDICAL EQUIPMENT TECHNOLOGIES, INC.

Current Principal Place of Business:

2190 RESERVE PARK TRACE
SUITE 13
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

2190 RESERVE PARK TRACE
SUITE 13
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 65-1048766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRARY, LAWRENCE E III
555 COLORADO AVENUE
STUART, FL 34994 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: DP ( ) Delete
Name: KNOWLES, RUSSELL J
Address: 2190 RESERVE PARK TRACE STE 13
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: DS ( ) Delete
Name: GIALLANZO, NICHOLAS
Address: 2190 RESERVE PARK TRACE STE 13
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: RUSSELL J. KNOWLES DP 01/22/2007

Electronic Signature of Signing Officer or Director — Date