2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116467

Entity Name: CYCLOTEC ADVANCED MEDICAL TECHNOLOGIES, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:			New Pri	New Principal Place of Business:		
4871 NW 65TH AVENUE LAUDERHILL, FL 33319						
Current Mailing Address:			New Ma	New Mailing Address:		
C/O GREEN	CYPRESS RO. NSPOON MAR RDALE, FL 33					
FEI Number:	59-3694953	FEI Number Applied For ()	FEI Number Not Ap	applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
COHN, ALAN B ESQ 100 WEST CYPRESS CREEK ROAD SUITE 700 FT. LAUDERDALE, FL 33309 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:						
		Signature of Registered Agent		Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIO	ONS/CHANGES TO OFFICERS AND DIRE	CTORS:	
Title: Name: Address: City-St-Zip: Title: Name:	MICHELSON, ST 4871 NW 65TH A LAUDERHILL, FL	VENUE	Title: Name: Address: City-St-Zip Title: Name:	DPS (X) Change () Addition MICHELSON, STEPHEN A 4871 NW 65TH AVENUE p: LAUDERHILL, FL 33319 D (X) Change () Addition FREUNDENHAHL, ANN		
Address: City-St-Zip:	100 WEST CYPF FT. LAUDERDAL	RESS CREEK ROAD E, FL 33309	Address: City-St-Zip	4871 NW 65TH AVENUE p: LAUDERHILL, FL 33319		
Title: Name: Address: City-St-Zip:	DVP () E FAKHOURY, JAN 4871 NW 65 AVE LAUDERHILL, FL	NUE	Title: Name: Address: City-St-Zip	D (X) Change () Addition PANIZICH, LEANNE 200 BISHOPS WAY, SUITE 100 p: BROOKFIELD, WI 53005		
Title: Name: Address: City-St-Zip:	DP () EMANNHEIMER, J 4871 NW 65 AVE LAUDERHILL, FL	NUE	Title: Name: Address: City-St-Zip	D (X) Change () Addition KETCHUM, JARED 6508 SCARLET OAK DRIVE p: WEST JORDAN, UT 84088		
Title: Name: Address: City-St-Zip:	DMD (X) [GOLDMAN, MICH 4871 NW 65 AVE LAUDERHILL, FL	NUE	Title: Name: Address: City-St-Zip	()Change ()Addition p:		
Title: Name: Address: City-St-Zip:	DDSM (X) I CLARKE, BOB 4871 NW 65 AVE LAUDERHILL, FL		Title: Name: Address: City-St-Zip	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN A. MICHELSON DPS 04/27/2007