2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000093709

Entity Name: SCITECH MEDICAL CORPORATION

Current Principal Place of Business:	**New Principal Place of Business:**
6555 NW 36TH STREET SUITE 201-D MIAMI, FL 33166	

Current Mailing Address:	**New Mailing Address:**
6555 NW 36TH STREET SUITE 201-D MIAMI, FL 33166	

FEI Number: 65-1140143   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:**
MOREIRA, ALEXANDER M 6555 NW 36TH STREET SUITE 201-D MIAMI, FL 33166 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD ( ) Delete	Title: ( ) Change ( ) Addition
Name:	MOREIRA, ALEXANDER M	Name:
Address:	6555 NW 36TH STREET	Address:
City-St-Zip:	MIAMI, FL 33166	City-St-Zip:

Title:	VD ( ) Delete	Title: ( ) Change ( ) Addition
Name:	DA CUNHA NETO, MELCHIADES	Name:
Address:	6555 NW 36TH STREET	Address:
City-St-Zip:	MIAMI, FL 33166	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: ALEXANDER MOREIRA   PD   04/12/2006

  Electronic Signature of Signing Officer or Director   Date