2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094324

Entity Name: TELZUIT MEDICAL TECHNOLOGIES, INC.

FILED Apr 16, 2007 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
|---|--|------------------------------------|--|---|-----------------|--------------------------------------|
| 5422 CARRIER DR SUITE 306 ORLANDO, FL 32819 US | | | | 5422 CARF SUITE 306 ORLANDO | | US |
| Current Mailing Address: | | | | New Mailing Address: | | |
| 5422 CARRIER DR SUITE 306 ORLANDO, FL 32819 US | | | 5422 CARRIER DR SUITE 306 ORLANDO, FL 32819 US | | | |
| FEI Number: 01-0656115 FEI Number Applied For () FEI Nu | | | FEI Nun | nber Not Applicable () Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | | |
| 5422 CARÉ SUITE 306 ORLANDO | , FL 32819 ປະ named entity s | | urpose o | f changing it | ts registered o | office or registered agent, or both, |
| | | | | | | |
| SIGNATURE: Electronic Signature of Registered Agent Date | | | | | | Date |
| Election Cam | | Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: AD | | | | ADDITION | S/CHANGES | TO OFFICERS AND DIRECTORS: |
| Title: Name: Address: City-St-Zip: | | Delete RREN D DR., SUITE 306 | | Title: Name: Address: City-St-Zip: | |) Change () Addition |
| Title: Name: Address: City-St-Zip: | VPSD () TOLAN, JAMES 5422 CARRIER ORLANDO, FL | | | Title: Name: Address: City-St-Zip: | VOSCH, MICH | R DR., SUITE 306 |
| Title: Name: Address: City-St-Zip: | VPD () VOSCH, MICHAE 5422 CARRIER ORLANDO, FL | DR., SUITE 306 | | Title: Name: Address: City-St-Zip: | STEMPLES, Jo | R DR., SUITE 306 |
| Title: Name: Address: City-St-Zip: | D () STEMPLES, JOI 5422 CARRIER ORLANDO, FL | DR., SUITE 306 | | Title: Name: Address: City-St-Zip: | ADAMS, KENN | R DR., SUITE 306 |
| Title: Name: Address: City-St-Zip: | D () ADAMS, KENNE 5422 CARRIER ORLANDO, FL | DR., SUITE 306 | | Title: Name: Address: City-St-Zip: | PHILLIPS, CH | R DR., SUITE 306 |
| Title: Name: Address: | D () PHILLIPS, CHRI 5422 CARRIER | DR., SUITE 306 | | Title: Name: Address: | BISCHOFF, RI | R DR., SUITE 306 |

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: WARREN D. STOWELL PD 04/16/2007