2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2006 08:00 AM Secretary of State

	ANNUAL	REPORT		Sametan	v of State
DOCUMENT # P02000039072 1. Entity Name				Secretary	y of State
CARDIO-	VASCULAR TECHNOLOĞI	ES, INC.			
Principal Plac	e of Business	Mailing Address		†	
1101 PERIMINKLE WAY, STE 101 1101 PERIMINKLE WAY, STE 1			ממ	{	
SANIBEL, FL 33957-8310 SANIBEL, FL 33957-8310					
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	O NOT WRITE	IN THIS SPA	GE .	4. FEI Number	Applied For
,		·= · · · · · · · · · · · · · · · · · ·		02-0637491	Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	5. Name and Address of Current	Registered Agent		·	
BRUST, BRUCE 1101 PERIWINKLE WAY, STE 101				STATISTICS	
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SANIBEL, FL 33957-8310			***************************************	IN THIS SPACE	CE
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	named entity submits this statement fo tions of registered agent.	r the purpose of changing its registere	ed office or register	red agent, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE.			 		
	Signature, typed or printed name of registered agents	and the if applicable (NOTE: Registate)	5 Agent signature required) when reinstaing) O	ATE
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Finan Trust Fund Contribution.		.00 May Be led to Fees	
10.	OFFICERS AND	DIRECTORS	gr n, washing	A STATE OF THE STA	Fig. 1 Fall Fall Fall
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STREET ADDRESS	1101 PERIWINKLE WAY, STE 1)1	•	000000487	114 165-003 150.00
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STREET ADORESS CITY-ST-ZIP	}			DO NOT WRI	TE
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 affect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

239-472-5842 Deptrop Phase 6