

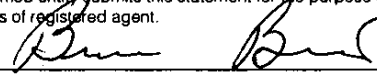
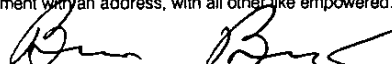


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90012 006 ***150.00

DOCUMENT # P02000039072 1. Entity Name CARDIO-VASCULAR TECHNOLOGIES, INC.					
Principal Place of Business 1101 PERIWINKLE WAY, STE 101 SANIBEL, FL 33957-8310			Mailing Address 1101 PERIWINKLE WAY, STE 101 SANIBEL, FL 33957-8310		
2. Principal Place of Business - No P.O. Box # 16171 San Carlos Blvd		3. Mailing Address 16171 San Carlos Blvd			
Suite, Apt. #, etc. Suite # 1		Suite, Apt. #, etc. Suite # 1		04182008 Chg-P CR2E034 (12/06)	
City & State Ft. Myers, FL		City & State Ft. Myers, FL		4. FEI Number 02-0637491	
Zip Country 33908 Lee		Zip Country 33908 Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRUST, BRUCE 1101 PERIWINKLE WAY, STE 101 SANIBEL, FL 33957-8310			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 16171 San Carlos Blvd. Suite # 1 City Ft. Myers FL Zip Code 33908		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  04/18/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUST, BRUCE 1101 PERIWINKLE WAY, STE 101 SANIBEL, FL 339578310 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby 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 execute 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: 			04/18/08 239-340-2600		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>