


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000082114 1. Entity Name HEMATECH SERVICES, INC.	
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Principal Place of Business 615 PRAIRIE LAKE DRIVE FERN PARK, FL 32730	Mailing Address 615 PRAIRIE LAKE DRIVE FERN PARK, FL 32730
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DO NOT WRITE IN THIS SPACE



01142006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2283646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MONTE, GEORGE 615 PRAIRIE LAKE DRIVE FERN PARK, FL 32730

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MONTE, GEORGE 615 PRAIRIE LAKE DRIVE FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD THILMONY, MILES D 2831 NICHOLAS LANE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ANGELINI, MICHAEL J 471 RIVERWOODS TRAIL CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/26/06-80020-002 150.00

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: <u>George Monte</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	President	1/16/06	407-920-7297
		Date	Daytime Phone #