



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000082114</b>		
1. Entity Name <b>HEMATECH SERVICES, INC.</b>		
Principal Place of Business <b>615 PRAIRIE LAKE DRIVE FERN PARK, FL 32730</b>		Mailing Address <b>615 PRAIRIE LAKE DRIVE FERN PARK, FL 32730</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
01182007 No Chg-P CR2E034 (11/05)		
4. FEI Number <b>56-2283646</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>MONTE, GEORGE 615 PRAIRIE LAKE DRIVE FERN PARK, FL 32730</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		000000604538 01/29/07-80058-005 150.00
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		
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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>George Monte,</u> <u>President</u> 1/19/07 407-920-7297 <small>Date Daytime Phone #</small>