

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103876

Entity Name: HYDRO MEDIX TECHNOLOGIES, INC.

FILED
Feb 17, 2007
Secretary of State

Current Principal Place of Business:

12345 TEAL RUN CT
JACKSONVILLE, FL 32258

New Principal Place of Business:

734 OTTER CT
JACKSONVILLE, FL 32259

Current Mailing Address:

12345 TEAL RUN CT
JACKSONVILLE, FL 32258

New Mailing Address:

11250-15 OLD ST AUGUSTINE RD
261
JACKSONVILLE, FL 32257

FEI Number: 54-2075944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOSCHIAVO, JOSEPH J
12345 TEAL RUN CT
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

LOSCHIAVO, JOSEPH J
734 OTTER CT
JACKSONVILLE, FL 32259 US

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.

SIGNATURE: JOSEPH J. LOSCHIAVO

02/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOSCHIAVO, JOSEPH J
Address: 12345 TEAL RUN CT
City-St-Zip: JACKSONVILLE, FL 32258

Title: VTS () Delete
Name: LOSCHIAVO, LORAIN R
Address: 12345 TEAL RUN CT
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOSCHIAVO, JOSEPH J
Address: 734 OTTER CT
City-St-Zip: JACKSONVILLE, FL 32259

Title: VTS (X) Change () Addition
Name: LOSCHIAVO, LORAIN R
Address: 734 OTTER CT
City-St-Zip: JACKSONVILLE, FL 32259

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: LORAIN R. LOSCHIAVO

VTS

02/17/2007

Electronic Signature of Signing Officer or Director

Date