


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90232 035 ***150.00

DOCUMENT # P03000052730 1. Entity Name MED TECH INNOVATIONS, INC.					
Principal Place of Business 8910 NORTH FORK DRIVE NORTH FORT MYERS, FL 33903			Mailing Address C/O ROBERT D. ROYSTON PO DRAWER 60205 FORT MYERS, FL 33906		
2. Principal Place of Business 15981 Huffmaster Road		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State North Fort Myers, FL		City & State 		4. FEI Number 04-3762194	
Zip 33917		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 AMICO, ANGELO <input checked="" type="checkbox"/> Delete 221 S.E. 29TH TERRACE CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GOODCHILD, WINTON J 67 WOLCOTT DRIVE NORTH FORT MYERS, FL 33903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 3427 North Fort Myers, FL 33918-3427	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T,D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sandra Kay Goodchild P.O. Box 3427 North Fort Myers, FL 33918-3427	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 information.					
SIGNATURE: <i>Winton J. Goodchild</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/23/2004 Daytime Phone #		