2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# P04000037775

Entity Name: ETERNALLOY MEDICAL TECHNOLOGIES, INC.

Current Principal Place of Business:

1025 C HARBOR LAKE DR
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

1025 C HARBOR LAKE DR
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 20-1026654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BASSLER, BRAD T
470 W. DAVIS BLVD.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

CANON, WILLIAM B
406 HILLSBOROUGH ST.
PALM HARBOR, FL 34683 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: WILLIAM CANON 04/20/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: BASSLER, BRAD T
Address: 1025 C HARBOR LAKE DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: DV ( ) Delete
Name: CARLISLE, J. DRAKE
Address: 1025 C HARBOR LAKE DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete
Name: WIGGINS, TERRELL S
Address: 1025 C HARBOR LAKE DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete
Name: CANON, WILLIAM B
Address: 1025 C HARBOR LAKE DR
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition
Name: BASSLER, BRAD T
Address: 1025 C HARBOR LAKE DR
City-St-Zip: SAFETY HARBOR, FL 34695

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change ( ) Addition
Name: CANON, WILLIAM B
Address: 1025 C HARBOR LAKE DR
City-St-Zip: SAFETY HARBOR, FL 34695

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: WILLIAM CANON P 04/20/2006
Electronic Signature of Signing Officer or Director Date