

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067356

FILED
May 18, 2005
Secretary of State

Entity Name: OPTIMAL MEDICAL THERAPIES USA, INC.

Current Principal Place of Business:

4640 TARAY LANE
HOLIDAY, FL 33690

New Principal Place of Business:

4634 TARAY LANE
HOLIDAY, FL 33690

Current Mailing Address:

4640 TARAY LANE
HOLIDAY, FL 33690

New Mailing Address:

4634 TARAY LANE
HOLIDAY, FL 33690

FEI Number: 20-1053272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACCIA, AUDREY
4640 TARAY LANE
HOLIDAY, FL 33690 US

Name and Address of New Registered Agent:

MACCIA, AUDREY
4634 TARAY LANE
HOLIDAY, FL 33690 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: AUDREY MACCIA

05/18/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STUMPP, UWE
Address: 4640 TARAY LANE
City-St-Zip: HOLIDAY, FL 33690

Title: VP () Delete
Name: MANTSCH, CHRISTIAN
Address: 4640 TARAY LANE
City-St-Zip: HOLIDAY, FL 33690

Title: ST () Delete
Name: MACCIA, AUDREY
Address: 4640 TARAY LANE
City-St-Zip: HOLIDAY, FL 33690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STUMPP, UWE
Address: 4634 TARAY LANE
City-St-Zip: HOLIDAY, FL 33690

Title: VP (X) Change () Addition
Name: MANTSCH, CHRISTIAN
Address: 4634 TARAY LANE
City-St-Zip: HOLIDAY, FL 33690

Title: ST (X) Change () Addition
Name: MACCIA, AUDREY
Address: 4634 TARAY LANE
City-St-Zip: HOLIDAY, FL 33690

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AUDREY MACCIA

ST

05/18/2005

Electronic Signature of Signing Officer or Director

Date