

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118017

FILED
Mar 05, 2006
Secretary of State

Entity Name: ALTERNATIVE MEDICAL TECHNOLOGY ENTERPRISES, INC.

Current Principal Place of Business:

4101 N.W. 4TH STREET,
SUITE 208
PLANTATION, FL 33317

New Principal Place of Business:

3480 SOUTHERN ORCHARD RD E
DAVIE, FL 33328

Current Mailing Address:

4101 N.W. 4TH STREET,
SUITE 208
PLANTATION, FL 33317

New Mailing Address:

3480 SOUTHERN ORCHARD RD E
DAVIE, FL 33328

FEI Number: 02-0728922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, STEVEN
3480 SO. ORCHARD RD E.
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

SANDERS, STEVEN
3480 SOUTHERN ORCHARD RD E.
DAVIE, FL 33328 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: STEVEN C SANDERS

03/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: ROSS, DAVID B
Address: 13110 MUSTANG TRIAL
City-St-Zip: FT. LAUDERDALE, FL 33330

Title: VP/D () Delete
Name: SANDERS, LAURIE C
Address: 3480 SO. ORCHARD RD E
City-St-Zip: DAVIE, FL 33328

Title: S () Delete
Name: SANDERS, STEVEN C
Address: 3480 SO. ORCHARD RD E
City-St-Zip: DAVIE, FL 33328

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROSS, DAVID B
Address: 13110 MUSTANG TRIAL
City-St-Zip: FT. LAUDERDALE, FL 33330

Title: P/D (X) Change () Addition
Name: SANDERS, LAURIE C
Address: 3480 SO. ORCHARD RD E
City-St-Zip: DAVIE, FL 33328

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

Title: VP () Change (X) Addition
Name: NG, RALPH T
Address: 3570 SOUTHERN ORCHARD RD E
City-St-Zip: DAVIE, FL 33328

Title: T () Change (X) Addition
Name: BERGQUIST, MARY
Address: 773 KINGSTON CT
City-St-Zip: APOLLO BEACH, FL

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: STEVEN C SANDERS

S

03/05/2006

Electronic Signature of Signing Officer or Director

Date