2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007
Secretary of State

DOCUMENT# P05000039287

Entity Name: PAIN MANAGEMENT TECH, INC.

Current Principal Place of Business:

24430 PENNYROYAL DR
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

24430 PENNYROYAL DR
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 34-1695223 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LETKOVITZ, STEVE
24430 PENNYROYAL DR
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEFKOVITZ, STEVE
Address: 24430 PENNYROYAL DR
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition
Name: LEFKOVITZ, STEVE
Address: 24430 PENNYROYAL DR
City-St-Zip: BONITA SPRINGS, FL 34134

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: STEVE LEFKOVITZ MR 02/19/2007

Electronic Signature of Signing Officer or Director Date