

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089946

FILED
Jul 25, 2006
Secretary of State

Entity Name: ADVANCED WOUND TECHNOLOGIES USA, INC.

Current Principal Place of Business:

33 N GARDEN AVE SUITE 875
CLEARWATER, FL 33755

New Principal Place of Business:

33 NORTH GARDEN AVENUE
SUITE 875
CLEARWATER, FL 33755 US

Current Mailing Address:

33 N GARDEN AVE SUITE 875
CLEARWATER, FL 33755

New Mailing Address:

33 NORTH GARDEN AVENUE
SUITE 875
CLEARWATER, FL 33755 US

FEI Number: 42-1689212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGOPIEN, MARK
33 N GARDEN AVE SUITE 875
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

HAGOPIEN, MARK
33 NORTH GARDEN AVENUE, SUITE 875
CLEARWATER, FL 33755 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: MARK HAGOPIEN

07/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORRISON, CHRIS
Address: 1120 PINELLAS BAY WAY SUITE 200
City-St-Zip: TIERRA VERDE, FL 33715

Title: D (X) Delete
Name: HAGOPIEN, MARK
Address: 33 N GARDEN AVE SUITE 875
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HAGOPIEN, MARK
Address: 33 NORTH GARDEN AVENUE, SUITE 875
City-St-Zip: CLEARWATER, FL 33755 US

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

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: MARK HAGOPIEN

PSTD

07/25/2006

Electronic Signature of Signing Officer or Director

Date