2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089946

Entity Name: ADVANCED WOUND TECHNOLOGIES USA, INC.

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

33 NORTH GARDEN AVENUE SUITE 875 CLEARWATER, FL 33755 U

Current Mailing Address: 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: Name and Address of New Registered Agent:

HAGOPIEN, MARK
33 NORTH GARDEN AVENUE, SUITE 875
CLEARWATER, FL 33755 US
HAGOPIAN, 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 HAGOPIAN 04/09/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition

Name: HAGOPIEN, MARK Name: HAGOPIAN, MARK

Address: 33 NORTH GARDEN AVENUE, SUITE 875 Address: 33 NORTH GARDEN AVENUE, SUITE 875

City-St-Zip: CLEARWATER, FL 33755 US City-St-Zip: CLEARWATER, FL 33755 US

I hereby certify that the information supplied with this filing does not qualify 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 HAGOPIAN PSTD 04/09/2009