2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# P05000138210

Entity Name: ENDOSCOPY TECHNICAL SERVICES INC.

Current Principal Place of Business:

759 46TH AVENUE NORTH
SAINT PETERSBURG, FL 33703

New Principal Place of Business:

4503 NW 103 AVENUE
SUITE 102
SUNRISE, FL 33351

Current Mailing Address:

759 46TH AVENUE
SAINT PETERSBURG, FL 33703

New Mailing Address:

4503 NW 103 AVENUE
SUITE 102
SUNRISE, FL 33351

FEI Number: 01-0847246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINISCI, CONNIE K DP
759 46TH AVENUE NORTH
SAINT PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

MINISCI, CONNIE K DP
12157 W LINEBAUGH AVENUE
SUITE 337
TAMPA, FL 33626 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: CONNIE K. MINISCI 03/27/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MINISCI, CONNIE K
Address: 759 46TH AVENUE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: DST (X) Delete
Name: LASTER, CHARLES D
Address: 759 46TH AVENUE
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: MINISCI, CONNIE K
Address: 12157 W LINEBAUGH AVENUE, 337
City-St-Zip: TAMPA, FL 33626

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: CONNIE K. MINISCI D 03/27/2007
Electronic Signature of Signing Officer or Director Date