2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008
Secretary of State

DOCUMENT# P06000007312

Entity Name: GLOBAL INNOVATIVE MEDICAL TECHNOLOGIES INC.

Current Principal Place of Business:

15275 COLLIER BLVD. #201 PMB #209
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

15275 COLLIER BLVD. #201 PMB #209
NAPLES, FL 34119

New Mailing Address:

14620 BEAUFORT CIR
NAPLES, FL 34119

FEI Number: 43-2096411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCMEEKAN, GRAEME P
14620 BEAUFORT CIR
NAPLES, FL 34119 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: MCMEEKAN, GRAEME P
Address: 14620 BEAUFORT CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete
Name: HESS, SAMUEL J M.D.
Address: 1100 VIA TRIPOLI
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete
Name: MCLOUGHLIN, JAMES M.D.
Address: 5725 BROOKWOOD ROAD
City-St-Zip: INDIANAPPOLIS, IN 46226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: MCLOUGHLIN, JAMES M.D.
Address: P O BOX 576
City-St-Zip: OGDENSBURG, NY 13669

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: GRAEME P. MCMEEKAN CEO 07/18/2008

Electronic Signature of Signing Officer or Director Date