2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000016061

Entity Name: REHAB TECH, INC.

FILED Jun 05, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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50 SW 6TH AVE SUITE 307 10822 SW 147TH PL FLORIDA CITY, FL 33034 MIAMI, FL 33196

Current Mailing Address: New Mailing Address:

50 SW 6TH AVE SUITE 307 10822 SW 147TH PL FLORIDA CITY, FL 33034 MIAMI, FL 33196`

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

VIDAL BARRIOS, EDUARDO A
50 SW 6TH AVE SUITE 307
FLORIDA CITY, FL 33034 US

VIDAL BARRIOS, EDUARDO A
10822 SW 147TH PL
MIAMI, FL 33196 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: EDUARDO A. VIDAL BARRIOS 06/05/2007

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 ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 VIDAL BARRIOS, EDUARDO A
 Name:
 VIDAL BARRIOS, EDUARDO A

 Address:
 50 SW 6TH AVE SUITE 307
 Address:
 10822 SW 147TH PL

 City-St-Zip:
 FLORIDA CITY, FL 33034
 City-St-Zip:
 MIAMI, FL 33196

Title: V () Delete Title: VP (X) Change () Addition

 Name:
 LEON, LUIS V
 Name:
 VIDAL LEON, LUIS G

 Address:
 50 SW 6TH AVE SUITE 307
 Address:
 10822 SW 147TH PL

 City-St-Zip:
 FLORIDA CITY, FL 33034
 City-St-Zip:
 MIAMI, FL 33196

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

 Name:
 Name:
 SOWERS, CLÂRA M

 Address:
 Address:
 10822 SW 147TH PL

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33196

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: EDUARDO A. VIDAL BARRIOS P 06/05/2007