

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000052555

Entity Name: MED TOOLS CORP.

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

218 LAREDO DR., STE. C
DECATUR, GA 30030 US

New Principal Place of Business:

Current Mailing Address:

218 LAREDO DR., STE. C
DECATUR, GA 30030 US

New Mailing Address:

218 LAREDO DR. STE. C
DECATUR, GA 30030 US

FEI Number: 20-4763721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUVEKOT CORPORATION
8278 NW 66TH STREET
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

DUVEKOT CORPORATION
8678 NW 58TH STREET
DORAL, FL 33166 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: RENE C. DUVEKOT

02/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOUZA, MARCELO G
Address: 218 LAREDO DR., STE. C
City-St-Zip: DECATUR, GA 30030 US

Title: S () Delete
Name: NAVARRO, FERNANDO L
Address: 218 LAREDO DR., STE. C
City-St-Zip: DECATUR, GA 30030 US

Title: D () Delete
Name: SOUZA, MARCELO G
Address: 218 LAREDO DR., STE. C
City-St-Zip: DECATUR, GA 30030 US

Title: D () Delete
Name: MENDES, FERNANDO A
Address: 218 LAREDO DR., STE. C
City-St-Zip: DECATUR, GA 30030 US

Title: D () Delete
Name: SIMOES, EDUARDO F
Address: 218 LAREDO DR., STE. C
City-St-Zip: DECATUR, GA 30030 US

Title: D () Delete
Name: NAVARRO, FERNANDO L
Address: 218 LAREDO DR., STE. C
City-St-Zip: DECATUR, GA 30030 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: FERNANDO NAVARRO

S

02/06/2009

Electronic Signature of Signing Officer or Director

Date