2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000154017

Title:

Name:

Address:

City-St-Zip:

SEC

BANE, DAVID K

ORLANDO, FL 32837

() Delete

11908 COTTONEASTER COURT

FILED Aug 26, 2008 Secretary of State

Entity Nam	ie: COLD F	PLASMA MEDICAL TECHI	NOLOGIES, INC	Ο.			
Current Principal Place of Business:				New Principal Place of Business:			
2001 S. MA SANFORD,		/E.					
Current Mailing Address:				New Mailing Address:			
326 SPEYSIDE LANE APOPKA, FL 32712				618 WOOD HOLLOW COURT APOPKA, FL 32712			
FEI Number:		FEI Number Applied For (X) FEI Nur	nber Not Appl	icable ()	Certificate of Status De	esired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ROBINSON, RONALD D 326 SPEYSIDE LANE APOPKA, FL 32712 US				ROBINSON, RONALD D 618 WOOD HOLLOW COURT APOPKA, FL 32712 US			
The above in the State		y submits this statement fo	r the purpose o	of changing it	s registered	d office or registered age	ent, or both,
SIGNATURE: RONALD D. ROBINSON				08/26/2008			
	Electr	onic Signature of Register	ed Agent			Date	
	paign Financ	193(2)(b), F.S., the corporatior ing Trust Fund Contribution (•		S TO OFFICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:		() Delete REGORY A SNOLIA AVE.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ROBINSON, 326 SPEYSII APOPKA, FL	DE LANE		Title: Name: Address: City-St-Zip:	ROBINSON,	HOLLOW COURT	
Title: Name: Address: City-St-Zip:	BRADLEY, B	I ESTE TERRACE		Title: Name: Address: City-St-Zip:		() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RONALD D. ROBINSON VP 08/26/2008

() Change () Addition