

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000154017

FILED
Apr 18, 2009
Secretary of State

Entity Name: COLD PLASMA MEDICAL TECHNOLOGIES, INC.

Current Principal Place of Business:

2001 S. MAGNOLIA AVE.
SANFORD, FL 32771

New Principal Place of Business:

618 WOOD HOLLOW COURT
APOPKA, FL 32712

Current Mailing Address:

618 WOOD HOLLOW COURT
APOPKA, FL 32712

New Mailing Address:

FEI Number: 20-8048768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBINSON, RONALD D
618 WOOD HOLLOW COURT
APOPKA, FL 32712 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WATSON, GREGORY A
Address: 2001 S. MAGNOLIA AVE.
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: ROBINSON, RONALD D
Address: 618 WOOD HOLLOW COURT
City-St-Zip: APOPKA, FL 32712

Title: TRES () Delete
Name: BRADLEY, BARRY J
Address: 158 VILLA DI ESTE TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: SEC () Delete
Name: BANE, DAVID K
Address: 11908 COTTONEASTER COURT
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: WATSON, GREGORY A
Address: 2001 S. MAGNOLIA AVE.
City-St-Zip: SANFORD, FL 32771

Title: VP/D (X) Change () Addition
Name: ROBINSON, RONALD D
Address: 618 WOOD HOLLOW COURT
City-St-Zip: APOPKA, FL 32712

Title: T/D (X) Change () Addition
Name: BRADLEY, BARRY J
Address: 158 VILLA DI ESTE TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: S/D (X) Change () Addition
Name: BANE, DAVID K
Address: 11908 COTTONEASTER COURT
City-St-Zip: ORLANDO, FL 32837

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: RONALD D. ROBINSON

VP/D

04/18/2009

Electronic Signature of Signing Officer or Director

Date