


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State


02-16-2007 90041 036 ***150.00

DOCUMENT # P17113		
1. Entity Name T2 MEDICAL, INC.		

Principal Place of Business 1675 BROADWAY 900 DENVER, CO 80202 US	Mailing Address 1675 BROADWAY 900 DENVER, CO 80202 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40019415



02022007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2405366	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARABITO, ALLEN <input checked="" type="checkbox"/> Delete 1675 BROADWAY SUITE 900 DENVER, CO 80202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP PONZIO, VITO J <input type="checkbox"/> Delete 1675 BROADWAY SUITE 900 DENVER, CO 80202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANITZ, SCOTT R <input checked="" type="checkbox"/> Delete 1675 BROADWAY SUITE 900 DENVER, CO 80202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President: Treasurer Robert Allen <input type="checkbox"/> Change <input type="checkbox"/> Addition 1675 Broadway, Ste 900 Denver CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOELLER, SCOTT T <input type="checkbox"/> Delete 1675 BROADWAY, STE. 900 DENVER, CO 80202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DELI, MICHAEL E <input type="checkbox"/> Delete 1675 BROADWAY, STE 900 DENVER, CO 80202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Dell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vito Ponzio, Jr. 2/16/07 (303) 672-8790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #