2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000072730

Entity Name: MEDTONICS, INC.

FILED Feb 23, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3460 FAIRLANE FARMS ROAD SUITE 4 WELLINGTON, FL 33414

New Mailing Address: Current Mailing Address:

3 TURTLE CREEK DR. 3460 FAIRLANE FARMS ROAD SUITE 4 TEQUESTA, FL 33469 WELLINGTON, FL 33414

FEI Number: 65-0770295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MCINTYRE, JEFFERY L GUILLAMA, NOEL J 3 TURTLE CREEK DR. 3460 FAIRLANE FARMS ROAD TEQUESTA, FL 33469 US SUITE 4 WELLINGTON, FL 33414 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: NOEL J. GUILLAMA 02/23/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GUILLAMA, NOEL J GUILLAMA, NOEL J Name: Name:

929 CEDAR COVE ROAD 3460 FAIRLANE FARMS ROAD, SUITE 4 Address: Address:

City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414

Title: D/S

Title: () Delete (X) Change () Addition Name: MCINTYRE, JEFFREY L Name: GUILLAMA, SUSAN E

3 TURTLE CREEK DR. 3460 FAIRLANE FARMS ROAD, SUITE 4 Address: Address:

WELLINGTON, FL 33414 City-St-Zip: TEQUESTA, FL 33469 City-St-Zip:

Title: Title: (X) Change () Addition () Delete D/T HOFFMAN, JAMES Name: COHEN, DONALD B Name:

14984 ROAN CT 3460 FAIRLANE FARMS ROAD, SUITE 4 Address: Address:

City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NOEL J. GUILLAMA D/P 02/23/2005