

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000827

Entity Name: BORON MEDICAL, INC.

FILED
Jan 19, 2007
Secretary of State

Current Principal Place of Business:

P O BOX 07148
FT. MYERS, FL 33919 US

New Principal Place of Business:

13611 MCGREGOR BLVD.
UNIT 4
FT. MYERS, FL 33919 US

Current Mailing Address:

P O BOX 07148
FT. MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0468085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORON, STEVEN H
880 CYPRESS LAKE CIRCLE
FORT MYERS, FL 33919 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: BORON, STEVEN H
Address: 880 CYPRESS LAKE CIRCLE
City-St-Zip: FT MYERS, FL 33919

Title: VP () Delete
Name: BORON, LISA I VP
Address: 880 CYPRESS LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: STEVEN H. BORON

P

01/19/2007

Electronic Signature of Signing Officer or Director

_____ Date