

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000014755

FILED
Dec 19, 2007
Secretary of State**Entity Name:** SMART-TECH MEDICAL INC.**Current Principal Place of Business:**10100 N.W. 116 WAY
SUITE 18
MEDLEY, FL 33178 US**Current Mailing Address:**10100 N.W. 116 WAY
SUITE 18
MEDLEY, FL 33178 US**New Principal Place of Business:**1700 N. DIXIE HWY
#115
BOCA RATON, FL 33432 US**New Mailing Address:**1700 N. DIXIE HWY
#115
BOCA RATON, FL 33432 US**FEI Number:** 65-0469571**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HERNANDEZ, ESTEBAN
10100 N.W. 116 WAY
SUITE 18
MEDLEY, FL 33178 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PALMER, SCOTT E
Address: 10100 N.W. 116 WAY - SUITE 18
City-St-Zip: MEDLEY, FL 33178 US

Title: VP () Delete
Name: LOPEZ, JORGE L
Address: 10100 N.W. 116 WAY - SUITE 18
City-St-Zip: MEDLEY, FL 33178 US

Title: ST (X) Delete
Name: SMITH, LISA M
Address: 10100 N.W. 116 WAY - SUITE 18
City-St-Zip: MEDLEY, FL 33178 US

Title: D () Delete
Name: HERNANDEZ, ESTEBAN
Address: 10100 N.W. 116 WAY - SUITE 18
City-St-Zip: MEDLEY, FL 33178 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: SCOTT PALMER

PD

12/19/2007

Electronic Signature of Signing Officer or Director

Date