2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 16, 2008
Secretary of State

DOCUMENT# P94000014755

Entity Name: SMART-TECH MEDICAL INC.

Current Principal Place of Business:

1700 N. DIXIE HWY
#115
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

1700 N. DIXIE HWY
#115
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 65-0469571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, FRANCISCO
1700 N. DIXIE HWY #115
SUITE 115
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

ESPINOSA, MARIA
1700 N. DIXIE HWY #115
SUITE 115
BOCA RATON, FL 33432 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: MARIA ESPINOSA 05/16/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PALMER, SCOTT E
Address: 1700 N. DIXIE HWY #115
City-St-Zip: BOCA RATON, FL 33432 US

Title: VP (X) Delete
Name: LOPEZ, JORGE L
Address: 1700 N. DIXIE HWY #115
City-St-Zip: MEDLEY, FL 33432 US

Title: D (X) Delete
Name: HERNANDEZ, ESTEBAN
Address: 1700 N. DIXIE HWY #115
City-St-Zip: BOCA RATON, FL 33432 US

Title: VP (X) Delete
Name: LOPEZ, FRANCISCO
Address: 1700 N. DIXIE HWY #115
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ESPINOSA, MARIA
Address: 1700 N. DIXIE HWY #115
City-St-Zip: BOCA RATON, FL 33432 US

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: MARIA ESPINOSA PD 05/16/2008
Electronic Signature of Signing Officer or Director Date