


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000050324</b> 1. Entity Name <b>ALTMAN SCIENTIFIC CORP.</b>																																					
Principal Place of Business <b>1021 CEDAR COVE DRIVE ST. AUGUSTINE FL 32086</b>			Mailing Address <b>1021 CEDAR COVE DRIVE ST. AUGUSTINE FL 32086</b>																																		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-3253989</b> Applied For <input type="checkbox"/> Not Applicable																																	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																	
6. Name and Address of Current Registered Agent  <b>ALTMAN, ALLEN 1021 CEDAR CIVE DRIVE ST. AUGUSTINE FL 32086</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																	
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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>P ALTMAN, ALLEN 1021 CEDAR COVE DRIVE ST AUGUSTINE FL 32086</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ALTMAN, ALLEN 1021 CEDAR COVE DRIVE ST AUGUSTINE FL 32086</b> <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000801756 02/01/08-80032-006 150.00</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000801756 02/01/08-80032-006 150.00</b>														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*Allen H Altman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/24/08*  
Date

*8003960276  
9045913588*  
Display Phone