

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90002 015 ***150.00

DOCUMENT # P95000043902					
1. Entity Name CLINICAL TECHNOLOGIES, INCORPORATED					
Principal Place of Business 1877 FEDERAL HWY 300 BOCA RATON, FL 33432 US			Mailing Address 1877 FEDERAL HWY - 601 N CONGRESS AVE 300 BOCA RATON, FL 33432 US DELRAY BEACH, FL 33445		
2. Principal Place of Business 601 N CONGRESS AVE Suite, Apt. #, etc. 608		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State DELRAY BEACH, FL		City & State		4. FEI Number 65-0587759	
Zip 33445		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRESTON, LORETTA 1877 S. FEDERAL HWY, STE 300 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name: KENT MCNEAL Street Address (P.O. Box Number is Not Acceptable): 601 N. CONGRESS AVE, 608 City: DELRAY BEACH FL Zip Code: 33445		
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: <u>Kent McNeal</u> DATE: <u>3/15/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD MCNEAL, KENT S- <input type="checkbox"/> Delete 1877 S. FEDERAL HIGHWAY, STE 300 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 N. CONGRESS AVE, 608 DELRAY BEACH, FL 33445	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PRESTON, LORRETTA <input type="checkbox"/> Delete 1877 S. FEDERAL HIGHWAY, STE 300 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 601 N. CONGRESS AVE, 608 DELRAY BEACH, FL 33445	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Kent McNeal</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/15/06</u> Daytime Phone: <u>561278989</u>		