2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059900

Entity Name: ALL TECH THERAPY AND REHAB MEDICAL CENTER CORP.

Current Principal Place of Business:	**New Principal Place of Business:**
5200 SW 8TH STREET STE 204A MIAMI, FL 33134	650 PALM AVE APT # 410 HIALEAH, FL 33010
Current Mailing Address:	**New Mailing Address:**
5200 SW 8TH STREET STE 204A MIAMI, FL 33134	650 PALM AVE APT # 410 HIALEAH, FL 33010

FEI Number: 65-0773666   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
VALDES, ERNESTO A 5200 SW 8TH STREET STE 204A MIAMI, FL 33134 US	VALDES, ERNESTO A 650 PALM AVE APT # 410 HIALEAH, FL 33010 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: _____   01/11/2007
          Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: PD ( ) Delete Name: VALDES, ERNESTO A Address: 5200 S.W. 8TH ST., STE. 204A City-St-Zip: MIAMI, FL 33134	Title: PD (X) Change ( ) Addition Name: VALDES, ERNESTO A Address: 650 PALM AVE APT # 410 City-St-Zip: HIALEAH, FL 33010

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: ERNESTO A VALDES RODRIGUEZ   PD   01/11/2007
             Electronic Signature of Signing Officer or Director   Date