2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000035890

FILED Apr 28, 2006 Secretary of State

Entity Name: MAGNUS BIO-MEDICAL TECHNOLOGIES INC.

Current Principal Place of Business:		New Principal Place of Business:		
	38TH STREE	Γ		
03-204 CALA, F	L 34474			
Current Mailing Address:		ss:	New Mailing Address:	
O. BOX CALA, F	771569 L 34477			
El Number	: 59-3582834	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
	MILDRED M 38TH STREE	Г		
03-204				
03-204	L 34474 US			
)3-204 CALA, F ne above	L 34474 US	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
03-204 CALA, F ne above the State	L 34474 US e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
03-204 CALA, F ne above the State	L 34474 US named entity e of Florida. RE:	submits this statement for the		ed office or registered agent, or both, Date
03-204 CALA, F ne above the State GNATU	L 34474 US e named entity e of Florida. RE: Electro			
03-204 CALA, F ne above the State GNATU	L 34474 US e named entity e of Florida. RE: Electro	nic Signature of Registered Ag	gent	
03-204 CALA, F ne above the State GNATU	e named entity e of Florida. RE: Electro mpaign Financir S AND DIREC	nic Signature of Registered Ag ng Trust Fund Contribution (). CTORS:) Delete RED Y 225A	gent	Date
i3-204 CALA, F ine above the State GNATUI ection Car FFICER le: me: dress:	e named entity e of Florida. RE: Electro mpaign Financir S AND DIRECTOR P (ARENT, MILDIT 5101 NW HWYOCALA, FL 34	nic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete RED Y 225A 4482) Delete GGORY Y 225A	gent ADDITIONS/CHANG Title: Name: Address:	Date EES TO OFFICERS AND DIRECTOR

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: MILDRED ARENT P 04/28/2006