2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# P99000035890

Entity Name: MAGNUS BIO-MEDICAL TECHNOLOGIES INC.

Current Principal Place of Business:

7365 SW 38TH STREET
203-204
OCALA, FL 34474

New Principal Place of Business:

3426 SOUTHWEST 74TH AVENUE
102
OCALA, FL 34474

Current Mailing Address:

P.O. BOX 771569
OCALA, FL 34477

New Mailing Address:

FEI Number: 59-3582834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARENT, MILDRED M
7365 SW 38TH STREET
203-204
OCALA, FL 34474 US

Name and Address of New Registered Agent:

ARENT, MILDRED M
3426 SOUTHWEST 74TH AVENUE
102
OCALA, FL 34474 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: _____ 01/09/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARENT, MILDRED
Address: 5101 NW HWY 225A
City-St-Zip: OCALA, FL 34482

Title: V (X) Delete
Name: BUTLER, GREGORY
Address: 5101 BW HWY 225A
City-St-Zip: OCALA, FL 34482

Title: V ( ) Delete
Name: BRYGIDER, SANFORD
Address: 3151 NW 44TH AVE #40
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 M ARENT P 01/09/2007
Electronic Signature of Signing Officer or Director — Date