2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007
Secretary of State

DOCUMENT# S80798

Entity Name: BIOFLEX MEDICAL MAGNETICS, INC.

Current Principal Place of Business:

3370 NE 5TH AVE.
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

3370 NE 5TH AVE.
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 65-0341670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZABLOTSKY, CHARLES
3370 NE 5TH AVE.
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ZABLOTSKY, LILY SECY
Address: 3370 NE 5TH AVE
City-St-Zip: OAKLAND PARK, FL 33334

Title: D ( ) Delete
Name: ZABLOTSKY, CHARLES CEO
Address: 3370 NE 5TH AVE
City-St-Zip: OAKLAND PARK, FL 33334

Title: D ( ) Delete
Name: ZABLOTSKY, THEODORE PRES
Address: 44 MIAMUS ROAD
City-St-Zip: WEST HARTFORD, CT 06117

Title: D ( ) Delete
Name: MOSES, WILLY CFO
Address: 4211 N HILLS DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

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:

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: WILLY MOSES D 03/29/2007

Electronic Signature of Signing Officer or Director — Date