2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# V61271

Entity Name: J. V. THECNO-SURGICAL, INC.

Current Principal Place of Business:

1456 RIDGE TOP WAY
CLEARWATER, FL 33765 US

New Principal Place of Business:

2221 HWY A1A UNIT 201
INDIAN HARBOUR BEACH, FL 32937 US

Current Mailing Address:

P.O. BOX 5061
CLEARWATER, FL 33758 US

New Mailing Address:

P.O. BOX 33011
INDIALANTIC, FL 32903 US

FEI Number: 59-3143771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALLETTE, JULIO D.
1456 RIDGE TOP WAY
CLEARWATER, FL 34625 US

Name and Address of New Registered Agent:

VALLETTE, JULIO D.
2221 HWY A1A UNIT 201
INDIAN HARBOUR BEACH, FL 32903 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: JULIO D VALLETTE 04/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VALLETTE, JULIO D.
Address: 1456 RIDGE TOP WAY
City-St-Zip: CLEARWATER, FL 33765

Title: DC ( ) Delete
Name: VALLETTE, GLORIA M.
Address: 1456 RIDGE TOP WAY
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VALLETTE, JULIO D.
Address: 2221 GWY A1A UNIT 201
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

Title: DC (X) Change ( ) Addition
Name: VALLETTE, GLORIA M.
Address: 2225 HWY A1A UNIT 201
City-St-Zip: INDIAN HARBORU BEACH, FL 32937 US

I hereby certify that the information supplied with this filing does not qualify 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: JULIO D VALLETTE P 04/16/2009
Electronic Signature of Signing Officer or Director Date