

MEDICAL INNOVATION HOLDINGS, INC.

Reported by MANKAL MADHAVA RAO

FORM 4/A

(Amended Statement of Changes in Beneficial Ownership)

Filed 08/02/05 for the Period Ending 06/24/05

Address 5805 STATE BRIDGE ROAD

SUITE G 328

DULUTH, GA 30097

Telephone 866-883-3793

CIK 0001093248

Symbol MIHI

SIC Code 3730 - Ship And Boat Building And Repairing

Industry Recreational Products

Sector Consumer Cyclicals

Fiscal Year 04/30



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Ad	dress of Re	eporting Pe	erson *		2. I	ssue	r Name	and Tick	er or	Tradi	ng Symb	ool		5. Relationship (Check all app		rting Person	(s) to Issi	ıer
MANKAL N	MADHA	VA RAC)					NTERN S, INC.			AL			X _ Director		_x_	10% Owne	r
(Last)	(Firs	t) (M	Middle)		3. Г	Date	of Earli	est Transa	ictio	n (MM	/DD/YYYY	7)		X Officer (g	ive title belo	ow)	Other (speci	fy below)
7476 SUNG								6/2										
	(Str	eet)			4. I	f An	nendme	nt, Date O	rigir	ıal Fil	ed (MM/E	D/YY	YY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
CORONA, CA 92880 (City) (State) (Zip)			7/28/2005								X Form filed by One Reporting Person Form filed by More than One Reporting Person							
			Table	I - Non-	Der	ivati	ve Secu	ırities Ac	quir	ed, Di	sposed o	of, or	Bei	neficially Owne	ed			
1. Title of Security (Instr. 3)				2. Trans. I		Exect		3. Trans. Co (Instr. 8)	de	or Dis	urities Acq posed of (I 3, 4 and 5))	F	5. Amount of Securiti Following Reported 7 (Instr. 3 and 4)			Form:	7. Nature of Indirect Beneficial Ownership
								Code	V	Amou	(A) o	r Pri	ice				or Indirect (I) (Instr. 4)	
Common Shares				6/24/200)5			G		80000	D	\$0	0	11	320000		D	
	Tab	ole II - Der	rivative	Securit	ies B	Bene	ficially	Owned (e.g. ,	, puts	, calls, w	arra	nts,	, options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deer Execution Date, if a					e Securities (A) or of (D)		ate Exer ration I		Secu	rities vative	s Underlying		9. Number of derivative Securities Beneficially Owned	Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Co	ode	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Am	nount or Number of ares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

Reporting Owners

Paparting Owner Name / Address		Relationsh	ips	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
MANKAL MADHAVA RAO				
7476 SUNGOLD AVE	X	X	CFO	
CORONA, CA 92880				

Signatures

~- 5	
/s/Madhava Rao Mankal	8/2/2005
** Signature of Reporting Person	Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.