


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90177 009 ***150.00

DOCUMENT # 844715 1. Entity Name BIO VIM, INC.	
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Principal Place of Business 1010 SOUTH 5TH AVE STE 300 NAPLES, FL 34102 US	Mailing Address PO BOX 7369 NAPLES, FL 34101 US
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14003942



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0329746	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOONER, JR., EUGENE C.
5386 SYCAMORE DRIVE
NAPLES, FL 34116

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DOONER, EUGENE C 5386 SYCAMORE DRIVE NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEE, NANCY D 302 RIDGE DR NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUTLER, GERALD L 5281 10TH STREET SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEE, DERILL E JR. 302 RIDGE DRIVE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEVLIN, ROBERT E 6934 RAIN LILY COURT NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert E. Devlin Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 239-643-4211

Date Daytime Phone #