


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 844715

1. Entity Name
BIO VIM, INC.



Principal Place of Business Mailing Address

1010 SOUTH 5TH AVE PO BOX 7369
 STE 300 NAPLES FL 34101
 NAPLES FL 34102 US
 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **02-0329746** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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's signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	DOONER, EUGENE C	
STREET ADDRESS	5386 SYCAMORE DRIVE	
CITY - ST - ZIP	NAPLES FL 34102	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEE, NANCY D	
STREET ADDRESS	302 RIDGE DR	
CITY - ST - ZIP	NAPLES FL 34108	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BUTLER, GERALD L	
STREET ADDRESS	5281 10TH STREET SW	
CITY - ST - ZIP	NAPLES FL 34116	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEE, DERILL E JR.	
STREET ADDRESS	302 RIDGE DRIVE	
CITY - ST - ZIP	NAPLES FL 34108	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEVLIN, ROBERT E	
STREET ADDRESS	6934 RAIN LILY COURT	
CITY - ST - ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000928635	
STREET ADDRESS	05/21/08-80037-023 150.00	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Eugene C. Dooner **Eugene C. Dooner, President 4/25/08 239-4211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:Mo:Yr:Prn:*