

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90079 007 \*\*\*150.00

DOCUMENT # F01000004484

1. Entity Name  
ZLB BIOPLASMA INC.



Principal Place of Business

5201 CONGRESS AVE  
SUITE 220  
BOCA RATON, FL 33487 US

Mailing Address

1020 FIRST AVE  
P.O. BOX 61501, ATTN: TAX DEPT.  
KING OF PRUSSIA, PA 19406 US

40103220



02212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
74-2967974

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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

*Gregory Boss* Gregory Boss, Secretary 4-20-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME TURNER, PETER  
STREET ADDRESS 1020 FIRST AVE  
CITY-ST-ZIP KING OF PRUSSIA, PA 19406

TITLE *AD*  
NAME CIPA, ANTONI  
STREET ADDRESS 45 POPLAR ROAK  
CITY-ST-ZIP PARKVILLE, VICTORIA, AUSTRALIA,

TITLE PD  
NAME NAYLOR, GORDON  
STREET ADDRESS 5201 CONGRESS AVE., STE. 220  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE D  
NAME MCNAMEE, BRIAN  
STREET ADDRESS 45 POPLAR ROAK  
CITY-ST-ZIP PARKVILLE, VICTORIA, AUSTRALIA,

TITLE *GB*  
NAME BOSS, GREGORY  
STREET ADDRESS 1020 FIRST AVE  
CITY-ST-ZIP KING OF PRUSSIA, PA 19406

TITLE *TS*  
NAME Keith Sheldon  
STREET ADDRESS 5201 Congress Ave. # 220  
CITY-ST-ZIP Boca Raton, FL 33487

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Gregory Boss* Gregory Boss, Secretary 4-20-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

610-878-4533