

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006835

FILED
Jan 09, 2008
Secretary of State

Entity Name: BIOSPACE, INC.

Current Principal Place of Business:

2399 HIGHWAY 34 SOUTH, BLDG A-5
MANASQUAN, NJ 08736

New Principal Place of Business:

Current Mailing Address:

C/O ONTARGET JOBS, INC.
353 BEREA ROAD
WALDEN, NY 12586

New Mailing Address:

C/O ONTARGET JOBS, INC.
4100 INTERNATIONAL PLAZA, SUITE 640
FORT WORTH, TX 76109

FEI Number: 32-0157871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PASCHAL, ALLEN
Address: 2399 HIGHWAY 34 SOUTH, BLDG A-5
City-St-Zip: MANASQUAN, NJ 08736

Title: CEO () Delete
Name: CREWS, WES
Address: 2399 HIGHWAY 34 SOUTH, BLDG A-5
City-St-Zip: MANASQUAN, NJ 08736

Title: CFO () Delete
Name: BANISTER, DOUGLAS
Address: 2399 HIGHWAY 34 SOUTH, BLDG A-5
City-St-Zip: MANASQUAN, NJ 08736

Title: ST () Delete
Name: THOMPSON, CURTIS
Address: 2399 HIGHWAY 34 SOUTH, BLDG A-5
City-St-Zip: MANASQUAN, NJ 08736

Title: D () Delete
Name: COLODNY, MARK
Address: 2399 HIGHWAY 34 SOUTH, BLDG A-5
City-St-Zip: MANASQUAN, NJ 08736

Title: D () Delete
Name: SADRIAN, JUSTIN
Address: 2399 HIGHWAY 34 SOUTH, BLDG A-5
City-St-Zip: MANASQUAN, NJ 08736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CURTIS A. THOMPSON

ST

01/09/2008

Electronic Signature of Signing Officer or Director

Date