## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000000608

Entity Name: ADAMIS LABORATORIES, INC

FILED Jul 08, 2008 Secretary of State

<b>_</b> y	ICI / LD/ (IVIIO L/	ABOTO TOTALO, IIVO.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
3848 FAU BLVD SUITE 100 BOCA RATON, FL 33431			3848 FAU BLVD SUITE 100 BOCA RATON, FL 3		
Current Ma	ailing Address	<b>::</b>	New Mailing Addre	New Mailing Address:	
3848 FAU BLVD SUITE 100 BOCA RATON, FL 33431			3848 FAU BLVD SUITE 100 BOCA RATON, FL 3		
FEI Number:	20-3604105	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
BLITZ, STUART 3848 FAU BLVD SUITE 100 BOCA RATON, FL 33431 US			JAEL BERNARD 3848 FAU BLVD SUITE 100 BOCA RATON, FL 3	3848 FAU BLVD	
The above in the State		ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: JAEL BERNARD				07/08/2008	
	Electronic	Signature of Registered Age	ent	Date	
Election Cam	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP ()[ FROST, RICAHR 3848 FAU BLVD BOCA RATON, F	SUITE 100	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () [ ALOI, RICAHRD 3848 FAU BLVD BOCA RATON, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [ PARKER, THOM 3848 FAU BLVD BOCA RATON, F	SUITE 100	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ST (X) I BLITZ, STUART 3848 FAU BLVD BOCA RATON, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: JAEL BERNRAD SA 07/08/2008