

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006777

FILED
Feb 10, 2005
Secretary of State

Entity Name: INCLEDON BIOMEDICAL RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

1534 EAST LOCUST PLACE
CHANDLER, AZ 85249 US

New Principal Place of Business:

Current Mailing Address:

1534 EAST LOCUST PLACE
CHANDLER, AZ 85249 US

New Mailing Address:

FEI Number: 65-1144007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HERSH, KAREN A
2117 PINEHURST WAY
CORAL SPRINGS, FL 33071 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

OFFICERS AND DIRECTORS:

Title: PED () Delete
Name: INCLEDON, THOMAS
Address: 1534 EAST LOCUST PLACE
City-St-Zip: CHANDLER, AZ 85249 US

Title: T () Delete
Name: HERSH, KAREN
Address: 2117 PINEHURST WAY
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: S () Delete
Name: INCLEDON, LORI
Address: 1534 EAST LOCUST PLACE
City-St-Zip: CHANDLER, AZ 85249 US

Title: D () Delete
Name: HERSH, DALE
Address: 2117 PINEHURST WAY
City-St-Zip: CORAL SPRINGS, FL 33071 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS INCLEDON

PED

02/10/2005

Electronic Signature of Signing Officer or Director

Date