

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000002666

FILED
Apr 27, 2006
Secretary of State

Entity Name: BIOSAFETY USA, INC.

Current Principal Place of Business:

10218 NW 50 ST
FORT LAUDERDALE, FL 33351

New Principal Place of Business:

10220 NW 50 ST
FORT LAUDERDALE, FL 33351

Current Mailing Address:

10218 NW 50 ST
FORT LAUDERDALE, FL 33351

New Mailing Address:

10220 NW 50 ST
FORT LAUDERDALE, FL 33351

FEI Number: 01-0578634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, PATRICK J
540 N.E. 8TH STREET, 2A
FORT LAUDERDALE, FL 33304 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: PD () Delete
Name: RUSH, KENNETH
Address: 10220 N.W. 50TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: PD () Delete
Name: NIEDERMAIER, HEINZ
Address: 10220 NW 50 ST
City-St-Zip: FORT LAUDERDALE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: KENNETH RUSH

PD

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date