

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000107295



1. Entity Name
BANYAN BIOMARKERS INC.

Principal Place of Business
 12085 RESEARCH DRIVE
 ALACHUA, FL 32615

Mailing Address
 12085 RESEARCH DRIVE
 ALACHUA, FL 32615



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1449566	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
 ONE SE THIRD AVAENUE
 SUITE 2700
 MIAMI, FL 33131

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

U00000618356
 02/08/07-80025--020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	HAYES, RON
STREET ADDRESS	8032 SW 45TH LN
CITY-ST-ZIP	GAINESVILLE, FL 32608

TITLE	PD
NAME	HAYES, RON
STREET ADDRESS	8032 SW 45TH LN
CITY-ST-ZIP	GAINESVILLE, FL 32608

TITLE	CD
NAME	ASCANI, GARY A
STREET ADDRESS	P.O. BOX 832
CITY-ST-ZIP	ALACHUA, FL 326160832

TITLE	VD
NAME	WANG, KEVIN
STREET ADDRESS	9966 SW 19TH LN
CITY-ST-ZIP	GAINESVILLE, FL 32607

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 *GARY A. ASCANI*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *Jan. 11, 2007* 386-462-6899
Daytime Phone #