


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90084 010 ***158.75

DOCUMENT # F00000004773		
1. Entity Name BIO-ONE CORPORATION		

Principal Place of Business 1630 WINTER SPRINGS BLVD. WINTER SPRINGS, FL 32708	Mailing Address 1630 WINTER SPRINGS BLVD. WINTER SPRINGS, FL 32708
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24002941

2. Principal Place of Business 1630 WINTER SPRINGS BLVD	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

01052004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0815746	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NEWMAN, POLLOCK & KLEIN 2101 N.W. CORPORATE BLVD., #414 BOCA RATON, FL 33431	
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7. Name and Address of New Registered Agent Name KIRKPATRICK & LOCKHART Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD., #2000 MIAMI, FL 33131 City FL Zip Code	
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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 KIRKPATRICK & LOCKHART DATE 1/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAUPLAISE, ARMAND 1630 WINTER SPRINGS BLVD. WINTER SPRINGS, FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAUPLAISE, ARMAND
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWMAN, IRWIN 2101 N.W. CORPORATE BLVD., #414 BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FRANK CLARK 1630 WINTER SPRINGS BLVD. WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BERNARD SHINDER 1630 WINTER SPRINGS BLVD WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROY LERMAN 1630 WINTER SPRINGS BLVD. WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Armand Dauplaise (ARMAND DAUPLAISE)	DATE 1/12/04 DAYTIME PHONE # 407-977-1005