

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107295

Entity Name: BANYAN BIOMARKERS INC.

FILED  
Mar 27, 2008  
Secretary of State

## Current Principal Place of Business:

12085 RESEARCH DRIVE  
ALACHUA, FL 32615

## New Principal Place of Business:

## Current Mailing Address:

12085 RESEARCH DRIVE  
ALACHUA, FL 32615

## New Mailing Address:

FEI Number: 20-1449566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: PRES ( ) Delete  
Name: HAYES, RON  
Address: 8032 SW 45TH LN  
City-St-Zip: GAINESVILLE, FL 32608

Title: PD ( ) Delete  
Name: HAYES, RON  
Address: 8032 SW 45TH LN  
City-St-Zip: GAINESVILLE, FL 32608

Title: CD ( ) Delete  
Name: ASCANI, GARY A  
Address: P.O. BOX 832  
City-St-Zip: ALACHUA, FL 326160832

Title: VD (X) Delete  
Name: WANG, KEVIN  
Address: 9966 SW 19TH LN  
City-St-Zip: GAINESVILLE, FL 32607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: ASCANI, GARY A  
Address: PO BOX 832  
City-St-Zip: ALACHUA, FL 32615

Title: SEC (X) Change ( ) Addition  
Name: HAYES, RON  
Address: 8032 SW 45TH LN  
City-St-Zip: GAINESVILLE, FL 32608

Title: TREA (X) Change ( ) Addition  
Name: WANG, KEVIN  
Address: 9966 SW 19TH LN  
City-St-Zip: GAINESVILLE, FL 32607

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARY A. ASCANI

PRES

03/27/2008

Electronic Signature of Signing Officer or Director

Date