2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90024 045 ***150.00

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1. Entity Name
ZLB BIOPLASMA INC.

Principal Place of Business	Mailing Address
5201 CONGRESS AVE SUITE 220 BOCA RATON, FL 33487 US	1020 FIRST AVE P.O. BOX 61501, ATTN: TAX DEPT. KING OF PRUSSIA, PA 19406 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04022008 Chg-P CR2E034 (12/06)

4. FEI Number 74-2967974 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TURNER, PETER	NAME	
STREET ADDRESS	1020 FIRST AVE	STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CIPA, ANTONI	NAME	
STREET ADDRESS	45 POPLAR ROAK	STREET ADDRESS	
CITY-ST-ZIP	PARKVILLE,VICTORIA,AUSTRALIA,	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NAYLOR, GORDON	NAME	
STREET ADDRESS	5201 CONGRESS AVE., STE. 220	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCNAMEE, BRIAN	NAME	
STREET ADDRESS	45 POPLAR ROAK	STREET ADDRESS	
CITY-ST-ZIP	PARKVILLE,VICTORIA,AUSTRALIA,	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOSS, GREGORY	NAME	
STREET ADDRESS	1020 FIRST AVE	STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	CITY-ST-ZIP	
TITLE	T ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	SHELDON, KEITH	NAME	
STREET ADDRESS	5201 CONGRESS AVE #220	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP	

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: _____ 4-8-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #