



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90023 034 ***150.00

DOCUMENT # 400447					
1. Entity Name MID-FLORIDA BIOLOGICALS, INC.					
Principal Place of Business 380 S. NORTH LAKE BLVD SUITE 1024 ALTAMONTE SPRINGS, FL 32701			Mailing Address 380 S. NORTH LAKE BLVD SUITE 1024 ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1415597	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLIFFORD, KAREN 331 N MAITLAND AVE D-6 MAITLAND, FL 32751			Name Karen Clifford		
			Street Address (P.O. Box Number is Not Acceptable)		
			380 S North Lake Blvd Suite 1024		
			City	Altamonte Springs	FL
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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGSTAFF, JOHN		NAME	LANGSTAFF, JOHN	
STREET ADDRESS	104 CHANCELLOR MATHESON RD		STREET ADDRESS	155 INNOVATION DRIVE	
CITY-ST-ZIP	WINNIPEG, MB r3t 5y3		CITY-ST-ZIP	WINNIPEG, MB R3T 5Y3	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, JOHN		NAME	MCMILLAN, JOHN	
STREET ADDRESS	104 CHANCELLOR MATHESON RD		STREET ADDRESS	155 INNOVATION DRIVE	
CITY-ST-ZIP	WINNIPEG, MB R3Y 5Y3		CITY-ST-ZIP	WINNIPEG, MB R3T 5Y3	
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, MICHAEL		NAME	GRAHAM, MICHAEL	
STREET ADDRESS	104 CHANCELLOR MATHESON RD		STREET ADDRESS	155 INNOVATION DRIVE	
CITY-ST-ZIP	WINNIPEG, MB R3Y 5Y3		CITY-ST-ZIP	WINNIPEG, MB R3T 5Y3	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		Date: July 28 06		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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