


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 400447</b> 1. Entity Name MID-FLORIDA BIOLOGICALS, INC.	
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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
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07042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1415597</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CLIFFORD, KAREN  
380 S NORTH LAKE BLVD STE 1024  
ALTAMONTE SPRINGS, FL 32701

**DO NOT WRITE  
IN THIS SPACE**

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 re-instating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO LANGSTAFF, JOHN 155 INNOVATIONS DRIVE WINNIPEG, MB r3t 5y3
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCMILLAN, JOHN 155 INNOVATIONS DRIVE WINNIPEG, MB r3t 5y3
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO GRAHAM, MICHAEL 155 INNOVATIONS DRIVE WINNIPEG, MB r3t 5y3
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/19/07-80002-018 150.00

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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 fee empowered.

SIGNATURE: John Langstaff John LANGSTAFF July 6/07 204 275 4201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #