

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 400447

FILED
Apr 18, 2011
Secretary of State

Entity Name: CANGENE PLASMA RESOURCES, INC.

Current Principal Place of Business:

380 S. NORTH LAKE BLVD
SUITE 1024
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

380 S. NORTH LAKE BLVD
SUITE 1024
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-1415597 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: GRAHAM, MICHAEL
Address: 155 INNOVATION DRIVE
City-St-Zip: WINNIPEG, MB R3T5Y3 CA

Title: TD
Name: GRAHAM, MICHAEL
Address: 155 INNOVATION DRIVE
City-St-Zip: WINNIPEG, MB R3T5Y3 CA

Title: SO
Name: ST.HILAIRE, FRANCIS J
Address: 155 INNOVATION DRIVE
City-St-Zip: WINNIPEG, MB R3T5Y3 CA

Title: VPO
Name: BEES, WILLIAM
Address: 155 INNOVATION DRIVE
City-St-Zip: WINNIPEG, MB R3T5Y3 CA

Title: VPO
Name: STOREY, ANDREW
Address: 155 INNOVATION DRIVE
City-St-Zip: WINNIPEG, MB R3T5Y3 CA

Title: O
Name: CLIFFORD, KAREN
Address: 380 S. NORTH LAKE BLVD, SUITE 1024
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

I hereby 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 all other like empowered.

SIGNATURE: FRANCIS ST.HILAIRE

SO

04/18/2011

Electronic Signature of Signing Officer or Director

Date