

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jul 02, 2007  
Secretary of State

DOCUMENT# 716951

Entity Name: BLOODNETUSA, INC.

**Current Principal Place of Business:**

3200 LAKE LAND HILLS BLVD  
LAKE LAND, FL 33805 US

**New Principal Place of Business:**

**Current Mailing Address:**

3200 LAKE LAND HILLS BLVD.  
LAKE LAND, FL 33805 US

**New Mailing Address:**

FEI Number: 59-0720864      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BARR, ALICE  
3200 LAKE LAND HILLS BLVD.  
LAKE LAND, FL 33805 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: SD ( ) Delete  
Name: TROIANO, VICTOR  
Address: 317 S. TENNESSEE AVENUE  
City-St-Zip: LAKE LAND, FL 33801

Title: VD ( ) Delete  
Name: FUNK, MARLIN  
Address: 2016 CASTLE COURT  
City-St-Zip: LAKE LAND, FL 33813

Title: PD ( ) Delete  
Name: CLINE, JUDY  
Address: 2016 CASTLE COURT  
City-St-Zip: LAKE LAND, FL 33813

Title: TD ( ) Delete  
Name: MOORE, JOHN C JR  
Address: 210 HIAWATHA TRAIL  
City-St-Zip: LAKE LAND, FL 33803

Title: VD ( ) Delete  
Name: ELLIS, JOHN DDS  
Address: 2901 S FLORIDA AVE  
City-St-Zip: LAKE LAND, FL 33803

Title: ED ( ) Delete  
Name: BARR, ALICE  
Address: 3200 LAKE LAND HILLS BLVD.  
City-St-Zip: LAKE LAND, FL 33805

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE BARR

ED

07/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date