


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000001403 1. Entity Name BIO-BLOOD COMPONENTS, INC.	
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Principal Place of Business 9360 N.W. 27TH AVE MIAMI, FL 33147	Mailing Address 5700 PLEASANT VIEW RD. MEMPHIS, TN 38134
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04142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1440999	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 RUBERT, JOSEPH 10205 COLLINS AVE., APT 1201 BAL HARBOUR, FL 33154

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000753319 05/22/07-80016-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MOSS, LARRY 5700 PLEASANT VIEW RD. MEMPHIS, TN 38134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBERT, JOSEPH 803 MT. MORIAH RD. MEMPHIS, TN 38117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MOSS, STEPHEN 5700 PLEASANT VIEW RD. MEMPHIS, TN 38134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Larry Moss PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07 (901) 384-6200
Date Daytime Phone #