08-23-2005 90012 003 ****20.00
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 OCT -4 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000004484

1. Entity Name
ZLB BIOPLASMA INC.

Principal Place of Business	Mailing Address
801 NORTH BRAND BOULEVARD SUITE 1150 GLENDALE, CA 91203 US	5201 CONGRESS AVE SUITE 220 BOCA RATON, FL 33487 US

06302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5201 CONGRESS AVE	1020 FIRST AVE
Suite, Apt. #, etc.: SUITE 220	Suite, Apt. #, etc.: PO BOX 61501, ATTN: TAX DEPT.
City & State: BOCA RATON, FL	City & State: KING OF PRUSSIA, PA
Zip: 33487 Country: US	Zip: 19406 Country: US

4. FEI Number: 74-2967974 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TURNER, PETER ~~WANKDORFSTRASSE 10~~ ~~CH-3000 BERN 22, SW~~	☐ Delete	= 1020 First Ave King of Prussia, PA 19406	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TURVEY, PETER 45 POPLAR ROAK PARKVILLE,VICTORIA,AUSTRALIA,	☐ Delete	300060245633 10/05/05--01018--005 **130.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CIPA, ANTONI 45 POPLAR ROAK PARKVILLE,VICTORIA,AUSTRALIA,	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOD, JACK 45 POPLAR ROAK PARKVILLE,VICTORIA,AUSTRALIA,	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCNAMEE, BRIAN 45 POPLAR ROAK PARKVILLE,VICTORIA,AUSTRALIA,	☐ Delete	JR 10/4	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BOSS, GREGORY ~~801 N BRAND BLVD SUITE 1150~~ ~~GLENDALE, CA 91203~~	☐ Delete	= 1020 First Ave King of Prussia PA 19406	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 9.15.05 610 878 4532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #