

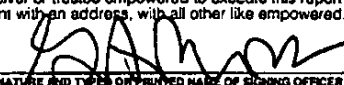
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 OCT -4 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000004484			
1. Entity Name ZLB BIOPLASMA INC.			
Principal Place of Business 801 NORTH BRAND BOULEVARD SUITE 1150 GLENDALE, CA 91203 US		Mailing Address 5201 CONGRESS AVE SUITE 220 BOCA RATON, FL 33487 US	
2. Principal Place of Business 5201 CONGRESS AVE		3. Mailing Address 1020 FIRST AVE	
Suite, Apt. #, etc. SUITE 220		Suite, Apt. #, etc. ATTN: PO Box 61501, 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when releasing) 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 WANKDORESTRASSE 10- CH-3000 BERN 22, SW ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 1020 First Ave King of Prussia, PA 19406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TURVEY, PETER 45 POPLAR ROAK PARKVILLE, VICTORIA, AUSTRALIA. ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 300060245633 10/05/05--01018--005 **130.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CIPA, ANTONI 45 POPLAR ROAK PARKVILLE, VICTORIA, AUSTRALIA. ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOOD, JACK 45 POPLAR ROAK PARKVILLE, VICTORIA, AUSTRALIA. ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCNAMEE, BRIAN 45 POPLAR ROAK PARKVILLE, VICTORIA, AUSTRALIA. ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition BR 10/4
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BOSS, GREGORY 801 N BRAND BLVD SUITE 4150 GLENDALE, CA 91203 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 1020 First Ave King of Prussia PA 19406
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: 		8.15.05 610 878 4532	
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Devine Phone #	