

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003575

FILED
Feb 20, 2008
Secretary of State

Entity Name: VASCULAR SCIENCES CORPORATION

Current Principal Place of Business:

2600 SKYMARK AVENUE
BLDG 9 SUITE 201
MISSISSAUGA, ONTARIO CANADA, I4w 5b2

Current Mailing Address:

2600 SKYMARK AVENUE
BLDG 9 SUITE 201
MISSISSAUGA, ONTARIO CANADA, I4w 5b2

FEI Number: 59-3434771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

2600 SKYMARK AVENUE
BLDG 9 SUITE 201
MISSISSAUGA, ONTARIO CANADA, ON L4W 5B2

New Mailing Address:

2600 SKYMARK AVENUE
BLDG 9 SUITE 201
MISSISSAUGA, ONTARIO CANADA, ON L4W 5B2

Name and Address of Current Registered Agent:

CORNISH, JOHN
612 FLORIDA AVENUE
PALM HARBOR, FL 34683 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: VAMVAKAS, ELIAS
Address: 2600 SKYMARK AVE, BLDG 9, STE 201
City-St-Zip: MISSISSAUGA, ONTARIO, L4W 5B2

Title: CFOT () Delete
Name: DUMENCU, BILL
Address: 2600 SKYMARK AVE, BLDG 9, STE 201
City-St-Zip: MISSISSAUGA, ONTARIO, L4W 5B2

Title: VPIP () Delete
Name: KILMER, STEPHEN
Address: 2600 SKYMARK AVE, BLDG 9, STE 201
City-St-Zip: MISSISSAUGA, ONTARIO, L4W 5B2

Title: D () Delete
Name: DAVIDSON, THOMAS N
Address: 612 FLORIDA AVENUE
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: HOLMES, JAY T
Address: 612 FLORIDA AVENUE
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: LINDSTROM, RICHARD L
Address: 612 FLORIDA AVENUE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: VAMVAKAS, ELIAS
Address: 2600 SKYMARK AVE, BLDG 9, STE 201
City-St-Zip: MISSISSAUGA, ONTARIO, ON L4W 5B2

Title: CFOT (X) Change () Addition
Name: DUMENCU, BILL
Address: 2600 SKYMARK AVE, BLDG 9, STE 201
City-St-Zip: MISSISSAUGA, ONTARIO, ON L4W 5B2

Title: VPIP (X) Change () Addition
Name: KILMER, STEPHEN
Address: 2600 SKYMARK AVE, BLDG 9, STE 201
City-St-Zip: MISSISSAUGA, ONTARIO, ON L4W 5B2

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

SIGNATURE: WILLIAM DUMENCU

CFOT

02/20/2008

Electronic Signature of Signing Officer or Director

Date