2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# F02000004305

Entity Name: EDWARDS NANOSCIENCE, INC.

Current Principal Place of Business:

6222 TOWER LANE
B-4
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

6222 TOWER LANE
B-4
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 65-1154309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, JOHN
6222 TOWER LANE
B-4
SARASOTA, FL 34240 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: CST ( ) Delete
Name: CROSS, WARREN D
Address: 5420 WEST LOOP SOUTH, ST
City-St-Zip: BELLAIRE, TX 77401

Title: DP ( ) Delete
Name: EDWARDS, JOHN L
Address: 6222 TOWER LANE, B-4
City-St-Zip: SARASOTA, FL 34240

Title: VP ( ) Delete
Name: MONASH, JERRY
Address: 5795 TIMBERLANE TERRACE, NE
City-St-Zip: ATLANTA, GA 30328

Title: VP (X) Delete
Name: KANE, STEPHEN
Address: 1427 CLAVES COURT
City-St-Zip: VIENNA, VA 22182

Title: VP (X) Delete
Name: JONES, HARPER
Address: 8609 WESTVIEW DR.
City-St-Zip: HOUSTON, TX 77055

Title: VP (X) Delete
Name: HUTCHINSON, RALPH
Address: 9930 HUNTCLIFF-TRACE
City-St-Zip: ATLANTA, GA 30350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPS (X) Change ( ) Addition
Name: EDWARDS, JOHN L
Address: 6222 TOWER LANE, B-4
City-St-Zip: SARASOTA, FL 34240

Title: DVPT (X) Change ( ) Addition
Name: WOMACK, LEO B
Address: 710 NORTH POST OAK RD., SUITE 400
City-St-Zip: HOUSTON, TX 77024

Title: D (X) Change ( ) Addition
Name: MATTHEWS, JOSEPH
Address: 5425 BROOKFIELD
City-St-Zip: HOUSTON, TX 77045

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: JOHN L. EDWARDS CHRM 01/30/2008

Electronic Signature of Signing Officer or Director — Date