

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002824

FILED
May 16, 2006
Secretary of State

Entity Name: ADVANCED BIOLOGICAL SERVICES INC.

Current Principal Place of Business:

1883 INLET COVE COURT
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

PO BOX 9240
ORANGE PARK, FL 32006

New Mailing Address:

FEI Number: 36-3854934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITEMAN, GR.
1883 INLET COVE COURT
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

WHITEMAN, GEORGE R
1883 INLET COVE COURT
ORANGE PARK, FL 32003 US

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: G. R. WHITEMAN

05/16/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITEMAN, GR DR
Address: 1883 INLET COVE COURT
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHITEMAN, GEORGE R DR
Address: 1883 INLET COVE COURT
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the 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: G.R. WHITEMAN

DR.

05/16/2006

Electronic Signature of Signing Officer or Director

Date