

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005749

Entity Name: CELLVENTURES, INC.

FILED
Jul 23, 2004
Secretary of State

Current Principal Place of Business:

3763 ABBOTT ROAD
ORCHARD PARK, NY 14127

New Principal Place of Business:

Current Mailing Address:

3763 ABBOTT ROAD
ORCHARD PARK, NY 14127

New Mailing Address:

FEI Number: 16-1543882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IPPOLITI, JEFFREY M
1058 BANKS ROSE STREET
CELEBRATION, FL 34747 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

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: CP () Delete
Name: IPPOLITI, JEFFREY M
Address: 823 SPRING PARK LOOP
City-St-Zip: CLEBRATION, FL 34747

Title: VCVP () Delete
Name: SAVINE, DAVID M
Address: 119 EASTMON ESTATES
City-St-Zip: ROCHESTER, NY 14622

Title: D () Delete
Name: TAORMINA, STEPHEN
Address: 2066 SILVERWOOD DR.
City-St-Zip: NEWTON, PA 18940

Title: T () Delete
Name: LAZARUS, TIMOTHY A
Address: 110 PINE RUN CT.
City-St-Zip: GLENWOOD, NY 14069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: IPPOLITI, JEFFREY M
Address: 823 SPRING PARK LOOP
City-St-Zip: CLEBRATION, FL 34747

Title: EVP (X) Change () Addition
Name: SAVINE, DAVID M
Address: 119 EASTMAN ESTATES
City-St-Zip: ROCHESTER, NY 14622

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: LAZARUS, TIMOTHY A
Address: 110 PINE RUN CT.
City-St-Zip: GLENWOOD, NY 14069

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY A. LAZARUS

CFO

07/23/2004

Electronic Signature of Signing Officer or Director

Date