2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# F04000000357

Entity Name: SUN STATES ANIMAL BLOOD BANK, INC.

Current Principal Place of Business:

2927 NE 6 AVE
WILTON MANORS, FL 33334

New Principal Place of Business:

Current Mailing Address:

2927 NE 6 AVE
WILTON MANORS, FL 33334

New Mailing Address:

FEI Number: 20-0453955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, RICHARD
2927 NE 6 AVE
WILTON MANORS, FL 33334 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

OFFICERS AND DIRECTORS:

Title: CV ( ) Delete
Name: JOHNSON, RICHARD
Address: 225 NE 21 CT.
City-St-Zip: WILTON MANORS, FL 33305

Title: VCP ( ) Delete
Name: DELUCA, LAWRENCE EDD
Address: 225 NE 21 CT.
City-St-Zip: WILTON MANORS, FL 33305

Title: DT ( ) Delete
Name: BOORNAZIAN, EDWARD V
Address: 3 CREEKWOOD DR.
City-St-Zip: LANCASTER, PA 17602

Title: D ( ) Delete
Name: GLASS, DR. SHARON DVM
Address: 509 ISLE OF PALMS
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

SIGNATURE: RICHARD JOHNSON CV 01/03/2005

Electronic Signature of Signing Officer or Director — Date