


FILED
Mar 14, 2006 8:00 am
Secretary of State

02-02-2006 90047 049 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F04000005655					
1. Entry Name CELL SCIENCE SYSTEMS LIMITED CORPORATION					
Principal Place of Business 1239 E NEWPORT CTR DR SUITE 101 DEERFIELD BEACH, FL 33442			Mailing Address 1239 E NEWPORT CTR DR SUITE 101 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1728211	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
				Name Kevin Garrity	
				Street Address (P.O. Box Number is Not Acceptable) 1239 E Newport Ctr Dr	
				Suite, Apt. #, etc. Suite 101	
				City Deerfield Bc FL Zip Code 33442	
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u><i>Kevin Garrity</i></u> (NOTE: Registered Agent signature required when re-nesting) DATE: <u>3/1/06</u>					
FILE NOW!! FEB 18 \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEELEY, MARIE		NAME		
STREET ADDRESS	14 WESLEY ROAD, RATHGAR		STREET ADDRESS		
CITY-ST-ZIP	DUBLIN 6, IRELAND,		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRING, KEVIN		NAME	Garrity Kevin	
STREET ADDRESS	1239 E NEWPORT CTR DR, 101		STREET ADDRESS	1239 E Newport Ctr Dr, 101	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	Deerfield Beach FL 33442	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>X: Kevin Garrity</i></u> 1-26-06 954 426 2304					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66005019



01252006 Chg-P CR2E034 (11/05)



ATTACHMENT

66005019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

CELL SCIENCE SYSTEMS LIMITED CORPORATION
1239 E NEWPORT CTR DR
SUITE 101
DEERFIELD BEACH, FL 33442

Subject: CELL SCIENCE SYSTEMS LIMITED CORPORATION

Reference Number:

F04000005655

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM

ANNUAL REPORTS SECTION