

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001354

FILED
May 27, 2008
Secretary of State

Entity Name: GEROMATRIX NUTRACEUTICAL CORPORATION

Current Principal Place of Business:

2255 GLADES ROAD, SUITE 324A
BOCA RATON, FL 33431

New Principal Place of Business:

19219 N. CREEKSHORE CT
BOCA RATON, FL 33498

Current Mailing Address:

19219 N. CREEKSHORE COURT
BOCA RATON, FL 33498

New Mailing Address:

19219 N. CREEKSHORE CT
BOCA RATON, FL 33498

FEI Number: 65-0837953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGEDOFF, ROBERT
19219 N CREEKSHORE CT
BOCA RATON, FL 33498 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: PTC () Delete
Name: MAGEDOFF, ROBERT
Address: 19219 N CREEKSHORE CT
City-St-Zip: BOCA RATON, FL 33498

Title: VSVC () Delete
Name: MAGEDOFF, DARYL
Address: 19219 N CREEKSHORE CT
City-St-Zip: BOCA RATON, FL 33498

Title: D (X) Delete
Name: MAGEDOFF, ARI ROYCE
Address: 1201 HUDSON STREET, SUITE 207S
City-St-Zip: HOBOKEN, NJ 07030

Title: D (X) Delete
Name: MAGEDOFF, ROSS LONDON
Address: 19219 N. CREEKSHORE COURT
City-St-Zip: BOCA RATON, FL 33498

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 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: ROBERT MAGEDOFF

PRES

05/27/2008

Electronic Signature of Signing Officer or Director

Date