## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 18, 2008 08:00 AM Secretary of State

806-669-3402

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DOCUMENT # F06000007461					5	ecretary of S	ta
Entity Name     CRYO MANAGEMENT SERVICES, INC.				ļ			
OKTO MI	ANDEMENT DERVICES, IN	0.					
Principal Place	o of Business	Mailing Address	10000	,			
Principal Place of Business Mailing Address 2601 KENTUCKY STREET 2601 KENTUCKY STREET							
PAMPA, TX 79065 PAMPA, TX 79065							
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				02102008	No Chg-P	CR2E034 (11/05)	
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number		Applied Fo	or
		English Report Commence		20-80754	13	Not Applic	able
			1 ,	5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	egistered Agent	1	<u> </u>		Acres Spiral Spiral Spiral	· ·
CTCORP	PORATION SYSTEM		,	DO N	IOT W	DITÉ	
1200 SOU	TH PINE ISLAND ROAD				IOT W		. to,
PLANIAII	ION, FL 33324			IN T	HIS SP	ACE	
					1, 10	The state of the s	
8. The above	named entity submits this statement for t	he purpose of changing its registe	ered office or registe	red agent, or both,	in the State of Flor	ida. I am familiar with, and ac	cept
the obligat	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable (NOTE: Registr	red Agent signature require	d when reinstating)	<del></del>	DATE	•
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fin Trust Fund Contribution	ancing <b>\$5</b> n. $\square$ Add	.00 May Be ded to Fees			
10,	OFFICERS AND D		3			1 <u>920902</u> -80102-009 ,150 0	
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CITY-ST-ZIP	PAMPA, TX 79065						
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NAME STREET ADDRESS	BRUCE, WADE 2601 KENTUCKY STREET		,		ies.	b.	
CITY-ST-ZIP	PAMPA, TX 79065				and the second of the second o	and the second second	3.4
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STREET ADDRESS	2601 KENTUCKY STREET		٠.	DO I	W TO		
CITY-ST-ZIP	PAMPA, TX 79065	****					· · ·
NAME			, *	INT	HIS SP	ACE	
STREET ADDRESS			•			at a	
CITY-ST-ZIP			<del>-</del>	9 1 1 1		The Company of Arthurson	
NAME							٠.
STREET ADDRESS CITY-ST-ZIP						Jan	4,6
TITLE			-				ъ в.
NAME				o natistiki Tido taki	egga et 1700. Majorija jako jako ja		**************************************
STREET ADDRESS		•		int.	the state of	San Mary Branch Comment	ing ng <sub>para</sub> a

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 entropyered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: