

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90026 035 ****61.25

DOCUMENT # F07000001601

1. Entity Name
BLOOD SYSTEMS, INC.



Principal Place of Business
**6210 E OAK ST
SCOTTSDALE, AZ 85257**

Mailing Address
**6210 E OAK ST
SCOTTSDALE, AZ 85257**

DO NOT WRITE IN THIS SPACE



07102008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
86-0098929

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V,
NELSON, SCOTT M
6210 E OAK ST
SCOTTSDALE, AZ 85257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
CONNOR, J. DANIEL
6210 E OAK ST
SCOTTSDALE, AZ 85257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MCEVOY, PATRICK M
6210 E OAK ST
SCOTTSDALE, AZ 85257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
TOMASULO, PETER MD
6210 E OAK ST
SCOTTSDALE, AZ 85257**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~CD~~
~~ALLEN, HEATHER MD~~
~~5035 CALLE DE MONRA~~
~~LAS VEGAS, NV 89120~~**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~CD~~
SEILER, STEVEN L
3930 E RANCHO DRIVE
PARADISE VALLEY, AZ 85253**

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:

Scott Nelson **Scott Nelson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 10, 2008
Date

480-675-5653
Daytime Phone #