
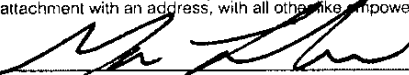


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR 25 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| <b>DOCUMENT # F94000005100</b><br>1. Entity Name<br><b>BIOTRAX INTERNATIONAL, INC.</b>   |   |   |   |    |   |
| Principal Place of Business<br><b>95 HAYDEN AVE<br/>LEXINGTON, MA 02420 US</b>   |   |   | Mailing Address<br><b>ATTN: TAX DEPT., 95 HAYDEN AVE<br/>LEXINGTON, MA 02420 US</b> |   |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>920 Winter Street</b>   |   | 3. Mailing Address<br><b>same</b>   |   |   |   |
| Suite, Apt. #, etc.<br>  |   | Suite, Apt. #, etc.<br>   |   |   |   |
| City & State<br><b>Waltham, MA</b>   |   | City & State<br>  |   | 4. FEI Number<br><b>04-3222463</b>  |   |
| Zip<br><b>02451</b>  |   | Country<br>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 S. PINE ISLAND RD.<br/>PLANTATION, FL 33324</b>  |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |   |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |   |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                               |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | AT<br>LIEBERMAN, MARC<br>95 HAYDEN AVE<br>LEXINGTON, MA 02420     | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | 920 Winter Street<br>Waltham, MA 02451          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | S<br>KOTT, DOUGLAS G<br>95 HAYDEN AVE<br>LEXINGTON, MA 02420      | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | 920 Winter Street<br>Waltham, MA 02451          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | AT<br>COLANTONIO, PAUL<br>95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | 100101462087<br>05/04/07--01005--001 ***4650.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DP<br>WAHLSTROM, MATS<br>95 HAYDEN AVENUE<br>LEXINGTON, MA 02420  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | "   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | T<br>FAWCETT, MARK<br>95 HAYDEN AVENUE<br>LEXINGTON, MA 02420     | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | "   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SVP<br>KUERBITZ, RONALD J<br>95 HAYDEN AVE<br>LEXINGTON, MA 02420 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | " B 5/2/07                                      |
| 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:    |   |   | Marc S. Lieberman<br>Assistant Treasurer 4/9/07 781-699-9000                        |   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | <small>Date Daytime Phone #</small>   |   |   |