


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2007 8:00 am**  
**Secretary of State**

08-13-2007 90021 036 \*\*\*150.00

<b>DOCUMENT # F96000004549</b> 1. Entity Name <b>CRYO-CELL INTERNATIONAL, INC.</b>					
Principal Place of Business <b>700 BROOKER CREEK BLVD SUITE 1800 OLDSMAR, FL 34677 US</b>			Mailing Address <b>700 BROOKER CREEK BLVD SUITE 1800 OLDSMAR, FL 34677 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>22-3023093</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SMITH, DARRELL C 101 E. KENNEDY BLVD., STE. 2800 TAMPA, FL 33602</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHRISTIAN, SCOTT 700 BROOKE CREEK BLVD, STE 1800 OLDSMAR, FL 34677</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, Marketing Sales &amp; Service W. Robert Doll 700 Brooker Creek Blvd. St. 1800 Oldsmar, FL 34677</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP MAASS, GERALD 700 BROOKER CREEK BLVD, STE 1800 OLDSMAR, FL 34677</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WALTON, MERCEDES 700 BROOKER CREEK BLVD, STE 1800 OLDSMAR, FL 34677</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOUBRAN, GABY 700 BROOKER CREEK BLVD, STE 1800 OLDSMAR, FL 34677</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHETH, JAG 700 BROOKER CREEK BLVD, STE 1800 OLDSMAR, FL 34677</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO TAYMANS, JILL 700 BROOKER CREEK BLVD, STE 1800 OLDSMAR, FL 34677</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>8-2-07</b> Date		<b>813-749-2104</b> Daytime Phone #	