


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90035 002 \*\*\*150.00

<b>DOCUMENT # F96000004549</b>					
<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 #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 22-3023093	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SMITH, DARRELL C 101 E. KENNEDY BLVD., STE. 2800 TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIAN, SCOTT 700 BROOKER CREEK BLVD, STE 1800 OLDSMAR, FL 34677	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VPMS DOLL, W. ROBERT 700 BROOKER CREEK BLVD, STE 1800 OLDSMAR, FL 34677	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D WALTON, MERCEDES 700 BROOKER CREEK BLVD, STE 1800 OLDSMAR, FL 34677	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D GOUBRAN, GABY 700 BROOKER CREEK BLVD, STE 1800 OLDSMAR, FL 34677	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SHETH, JAG 700 BROOKER CREEK BLVD, STE 1800 OLDSMAR, FL 34677	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CFO TAYMANS, JILL 700 BROOKER CREEK BLVD, STE 1800 OLDSMAR, FL 34677	<input type="checkbox"/> Delete			
<b>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>			<b>SIGNATURE:</b> <i>Jill Taymans</i> <span style="float: right;">1-8-08 813-749-2104</span>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40009340



01212008 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

FL