2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000005553

CRYOBANKS INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

270 SOUTH NORTH LAKE BLVD., STE 1012 ALTAMONTE SPRINGS, FL 32701

270 SOUTH NORTH LAKE BLVD., STE 1012 ALTAMONTE SPRINGS, FL 32701

FILED Jul 12, 2005 08:00 AM Secretary of State



07082005

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3310005

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301-0000

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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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 in accordance with s. 607.193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE BRUNOEHLER, DWIGHT NAME 270 SOUTH NORTH LAKE BLVD STE 1012 STREET ADDRESS ALTAMONTE SPRINGS, FL CITY-ST-ZIP TITLE U00000372386 NAME KAZI, ZUBAIR 07/12/05-80005-007 158.75 STREET ADDRESS 270 SOUTH NORTH LAKE BLVD STE, 1012 ALTAMONTE SPRINGS, FL 32701 CITY-ST-ZIP SD TITLE BURGER, ALAN NAME 270 SOUTH NORTH LAKE BLVD STE. 1012 STREET ADDRESS DO NOT WRITE ALTAMONTE SPRINGS, FL 32701 CITY-ST-ZIP IN THIS SPACE TITLE SCANLAN, CHRISTOPHER NAME STREET ADDRESS 270 SOUTH NORTH LAKE BLVD STE, 1012 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 TITLE HERRERA, ANGEL NAME 270 SOUTH NORTH LAKE BLVD STE. 1012 STREET ADDRESS ALTAMONTE SPRINGS, FL 32701 CITY - ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

D

LEDERMAN, SANFORD MD

270 SOUTH NORTH LAKE BLVD STE, 1012 ALTAMONTE SPRINGS, FL 32701

TITLE

STREET ADDRESS

CITY-ST-ZIP

THEE AND TYPED DE PRINTED NAME OF SIGNING OFFICER OF DIRECTOR