


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90144 023 \*\*\*550.00

DOCUMENT # F98000005553					
1. Entity Name CRYOBANKS INTERNATIONAL, INC.					
Principal Place of Business 270 SOUTH NORTH LAKE BLVD., STE 1012 ALTAMONTE SPRINGS, FL 32701			Mailing Address 270 SOUTH NORTH LAKE BLVD., STE 1012 ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3310005	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent  Name <u>Dwight Brunoehler</u> Street Address (P.O. Box Number is Not Acceptable) <u>270 South North Lake Blvd Ste 1000</u> City <u>Altamonte Springs</u> FL Zip Code <u>32701</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>7/6/06</u>	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUNOEHLER, DWIGHT 270 SOUTH NORTH LAKE BLVD STE 1012 ALTAMONTE SPRINGS, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Brunoehler, Dwight 270 South North Lake Blvd STE 1000 Altamonte Springs FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KAZI, ZUBAIR 270 SOUTH NORTH LAKE BLVD STE. 1012 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Kazi, Zubair 270 South North Lake Blvd Ste 1000 Altamonte Springs FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURGER, ALAN 270 SOUTH NORTH LAKE BLVD STE. 1012 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Siddique, Osman 270 South North Lake Blvd Ste 1000 Altamonte Springs FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCANLAN, CHRISTOPHER 270 SOUTH NORTH LAKE BLVD STE. 1012 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, ANGEL 270 SOUTH NORTH LAKE BLVD STE. 1012 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDERMAN, SANFORD MD 270 SOUTH NORTH LAKE BLVD STE. 1012 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>7/6/2006</u> 407-834-8333 <small>Daytime Phone #</small>	