


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90267 013 ***150.00

DOCUMENT # F99000006322				
1. Entity Name STAR SCIENTIFIC, INC.				
Principal Place of Business 801 LIBERTY WAY CHESTER VA 23836		Mailing Address 801 LIBERTY WAY CHESTER VA 23836		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARTELS, JOHN R JR			NAME	Christopher C. Chapman		
STREET ADDRESS	801 LIBERTY WAY			STREET ADDRESS	801 Liberty Way		
CITY-ST-ZIP	CHESTER VA 23836			CITY-ST-ZIP	Chester, VA 23836		
TITLE	PCOO	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PERITO, ESQ., PAUL L			NAME	Gerald P. Carmen		
STREET ADDRESS	7475 WISCONSIN AVE			STREET ADDRESS	801 Liberty Way		
CITY-ST-ZIP	BETHESDA MD 20814			CITY-ST-ZIP	Chester, VA 23836		
TITLE	DCFO	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MILLER, CHRISTOPHER G			NAME	Mark D. Oken		
STREET ADDRESS	801 LIBERTY WAY			STREET ADDRESS	801 Liberty Way		
CITY-ST-ZIP	CHESTER VA 23836			CITY-ST-ZIP	Chester, VA 23836		
TITLE	DCEO	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, JONNIE R			NAME	David C. Vorhoff		
STREET ADDRESS	801 LIBERTY WAY			STREET ADDRESS	801 Liberty Way		
CITY-ST-ZIP	CHESTER VA 23836			CITY-ST-ZIP	Chester, VA 23836		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLEY, WHITMORE B			NAME			
STREET ADDRESS	801 LIBERTY WAY			STREET ADDRESS			
CITY-ST-ZIP	CHESTER VA 23836			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TONKIN, LEO S ESQ.			NAME			
STREET ADDRESS	801 LIBERTY WAY			STREET ADDRESS			
CITY-ST-ZIP	CHESTER VA 23836			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **4/28/06 804 530 0535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #