

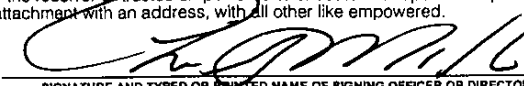


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90096 035 ***550.00

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 - No P.O. Box # 16 South Market Street		3. Mailing Address 16 South Market Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Petersburg, VA		City & State Petersburg, VA			
Zip 23803		Country		4. FEI Number 52-1402131	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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		
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 \$550.00 Due by September 14, 2007		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	D <input type="checkbox"/> Delete CHAPMAN, CHRISTOPHER C 801 LIBERTY WAY CHESTER, VA 23836		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCOO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Perito, Esq., Paul L. 7475 Wisconsin Avenue Bethesda, MD 20814	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete CARMEN, GERALD P 801 LIBERTY WAY CHESTER, VA 23836		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Miller, Christopher G. 16 South Market Street Petersburg, VA 23803	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete OKEN, MARK D 801 LIBERTY WAY CHESTER, VA 23836		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Williams, Jonnie R. 16 South Market Street Petersburg, VA 23803	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete VORHOFF, DAVID C 801 LIBERTY WAY CHESTER, VA 23836		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete TONKIN, LEO S ESQ. 801 LIBERTY WAY CHESTER, VA 23836		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.					
SIGNATURE: 			3 MAY 07 8048610681		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHRISTOPHER G MILLER			Date Daytime Phone #		