2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# G33311

Entity Name: ADVANCED BIOMEDICAL RESEARCH, INC.

Current Principal Place of Business:

101 E KENNEDY BLVD
4130
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10338
TAMPA, FL 33679 US

New Mailing Address:

FEI Number: 59-2894338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EIKMAN, EDWARD A
101 E KENNEDY BLVD
SUITE 4130
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EIKMAN, EDWARD A.,
Address: 5116 LONGFELLOW AVENUE
City-St-Zip: TAMPA, FL

Title: T ( ) Delete
Name: EIKMAN, E. ALLAN
Address: 463 LUCERNE AVE
City-St-Zip: TAMP, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: EIKMAN, E. ALLAN
Address: 463 LUCERNE AVE
City-St-Zip: TAMP, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /ALLANEIKMAN/ V 04/29/2006

Electronic Signature of Signing Officer or Director Date