

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G33311

FILED  
Apr 30, 2007  
Secretary of State

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:

101 E KENNEDY BLVD  
4130  
TAMPA, FL 33679 US

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

I hereby certify that the information supplied with this filing does not qualify 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

04/30/2007

Electronic Signature of Signing Officer or Director

Date