2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # G93936

1. Entity Name
OSPREY BIOTECHNICS, INC.

Principal Place of Business	Mailing Address
1833 A 57TH ST SARASOTA, FL 34243 US	1833 A 57TH ST SARASOTA, FL 34243 US

04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0207976
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLENDENING, LARRICK H.
2834 AVE. C WEST
BRADENTON, FL 34205

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000005338627
05/06/06-80129-017 158.75

10. OFFICERS AND DIRECTORS

TITLE	CHRM
NAME	GLENDENING, LARRICK H
STREET ADDRESS	2834 AVE C WEST
CITY-ST-ZIP	BRADENTON, FL
TITLE	D
NAME	GLENDENING, BETTY S.
STREET ADDRESS	2834 AVE. C WEST
CITY-ST-ZIP	BRADENTON, FL
TITLE	PCEO
NAME	SCUILLA, VINCENT
STREET ADDRESS	4356 KINGSTON LOOP
CITY-ST-ZIP	SARASOTA, FL
TITLE	VPD
NAME	VANDENBERGH, PETER
STREET ADDRESS	4414 MEADOWCREEK CIRCLE
CITY-ST-ZIP	SARASOTA, FL
TITLE	SD
NAME	DANIELSON, LAUREEN
STREET ADDRESS	2005 SE 32ND STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Vincent L Scuilla 4/21/06 941-351-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #