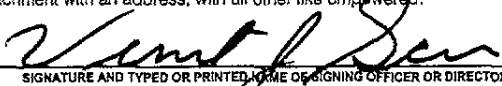


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # G93936 1. Entity Name OSPREY BIOTECHNICS, INC.		
Principal Place of Business 1833 A 57TH ST SARASOTA, FL 34243 US		Mailing Address 1833 A 57TH ST SARASOTA, FL 34243 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GLENEDENING, LARRICK H. 2834 AVE. C WEST BRADENTON, FL 34205		DO NOT WRITE IN THIS SPACE
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
10. OFFICERS AND DIRECTORS		1100000538627 05/06/06-80129-017 158.75
TITLE	CHRM	DO NOT WRITE IN THIS SPACE
NAME	GLENEDENING, LARRICK H	
STREET ADDRESS	2834 AVE C WEST	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	D	
NAME	GLENEDENING, BETTY S.	
STREET ADDRESS	2834 AVE. C WEST	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	BRADENTON, FL	
TITLE	PCEO	
NAME	SCUILLA, VINCENT	
STREET ADDRESS	4356 KINGSTON LOOP	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	VPD	DO NOT WRITE IN THIS SPACE
NAME	VANDENBERGH, PETER	
STREET ADDRESS	4414 MEADOWCREEK CIRCLE	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	SD	
NAME	DANIELSON, LAUREEN	
STREET ADDRESS	2005 SE 32ND STREET	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		4/21/06 941-351-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #