2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012203

Entity Name: VACCIPLUS LLC

FILED Jul 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15551 ARUNDEL WAY SORRENTO, FL 32776 25551 ARUNDEL WAY SORRENTO, FL 32776

Current Mailing Address: New Mailing Address:

15551 ARUNDEL WAY P.O. BOX 725

SORRENTO, FL 32776 SORRENTO, FL 32776

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RITTEN, ANGELA K
15551 ARUNDEL WAY
SORRENTO, FL 32776 US
RITTEN, ANGELA K
25551 ARUNDEL WAY
SORRENTO, FL 32776 US

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: 07/12/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 RITTEN, ANGELA K
 Name:
 RITTEN, ANGELA K

 Address:
 15551 ARUNDEL WAY
 Address:
 25551 ARUNDEL WAY

 City-St-Zip:
 SORRENTO, FL 32776
 City-St-Zip:
 SORRENTO, FL 32776

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANGELA RITTEN MRS. 07/12/2005