


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90002 043 ***158.75

DOCUMENT # M00861 1. Entity Name BIO THERAPEUTICS, INC.	
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Principal Place of Business 615 E. DANIA BEACH BOULEVARD DANIA BEACH, FL 33004	Mailing Address 615 E. DANIA BEACH BOULEVARD DANIA BEACH BOULEVARD, FL 33004
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03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2431750	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MUNDSCHENK, DAVID D
504 SE 2ND AVENUE
DANIA, FL 33004**

**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 EUGENE M. KENNEDY DATE 3/21/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO MUNDSCHENK, DAVID D 504 S.E. 2ND AVENUE DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *David D Mundschenk* DATE 3/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # M00861

1. Entity Name
BIO THERAPEUTICS, INC.

ATTACHMENT

40042932

Principal Place of Business
615 E. DANIA BEACH BOULEVARD
DANIA BEACH, FL 33004

Mailing Address
615 E. DANIA BEACH BOULEVARD
DANIA BEACH BOULEVARD, FL 33004

2. Principal Place of Business - No P.O. Box #
517 SW FIRST AVENUE
Suite, Apt. #, etc.

3. Mailing Address
504 SE 2ND AVE
Suite, Apt. #, etc.

03222007 Chg-P CR2E034 (12/06)

City & State
FORT LAUDERDALE, FL

City & State
DANIA BEACH

Zip
33301

Country
USA

Zip
33004

Country
USA

4. FEI Number
59-2431750

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

MUNDSCHENK, DAVID D
504 SE 2ND AVENUE
DANIA, FL 33004

7. Name and Address of New Registered Agent

Name
EUGENE M. KENNEDY

Street Address (P.O. Box Number is Not Acceptable)
517 SW FIRST AVENUE

City
FORT LAUDERDALE

FL

Zip Code
33301

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 EUGENE M. KENNEDY DATE 3/19/07

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO MUNDSCHENK, DAVID D 504 S.E. 2ND AVENUE DANIA, FL 33004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO MUNDSCHENK, SUZANNE 504 S.E. 2ND AVENUE DANIA BEACH, FL 33004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

Suzanne Mundschchenk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #