
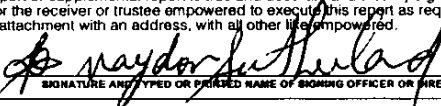


FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90033 047 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000007131			
1. Entity Name BIO VOYAGE INSTITUTE, INC.			
Principal Place of Business 7360 ULMERTON ROAD SUITE 26E LARGO, FL 33771 US		Mailing Address P.O. BOX 22078 WEST PALM BEACH, FL 33416 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Largo, FL	
Zip	Country	Zip	Country
33779	USA	33779	USA
5. Name and Address of Current Registered Agent LAWS, JENNIFER 7360 ULMERTON ROAD SUITE 26E LARGO, FL 33771		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SUTHERLAND, NAYDON 7585 SEABREEZE DRIVE LANTANA, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SUTHERLAND, NAYDON <input type="checkbox"/> Change <input type="checkbox"/> Addition 7585 Seabreeze Drive Lantana, FL 33467 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURROWS, WAYNE 1412 S. DIAMOND STREET JACKSONVILLE, FL 62650 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUNNINGHAM, EARL 2798 WARREN ROAD INDIANA, PA 15781 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, EARL 2798 WARREN ROAD INDIANA, PA 15701 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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 life empowered.			
SIGNATURE: 		Date: 01/27/08 Daytime Phone # _____	

paid cashier's check # 436139177