

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002722

FILED
Feb 13, 2008
Secretary of State

Entity Name: STEM CELL CANCER AND REGENERATIVE MEDICINE RESEARCH, INC.

Current Principal Place of Business:

10301 HAGEN RANCH ROAD STE 600
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

10301 HAGEN RANCH ROAD STE 600
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 51-0629988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHARAJ, DIPNARINE
10301 HAGEN RANCH ROAD STE 600
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: MAHARAJ, DIPNARINE
Address: 890 PERIWINKLE STREET
City-St-Zip: BOCA RATON, FL 33486

Title: DV () Delete
Name: GOUVEA, JAQUELINE
Address: 890 PERIWINKLE STREET
City-St-Zip: BOCA RATON, FL 33486

Title: DT () Delete
Name: MAHARAJ, KENRICK
Address: 9990 NW 38TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: TRAVERSO, PURNELL
Address: 7505 41ST STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: LITTLE, LARRY
Address: 188 KENSINGTON WAY
City-St-Zip: ROYAL BEACH, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPS (X) Change () Addition
Name: GOUVEA, JACQUELINE
Address: 890 PERIWINKLE STREET
City-St-Zip: BOCA RATON, FL 33486

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE GOUVEA

DR.

02/13/2008

Electronic Signature of Signing Officer or Director

_____ Date