

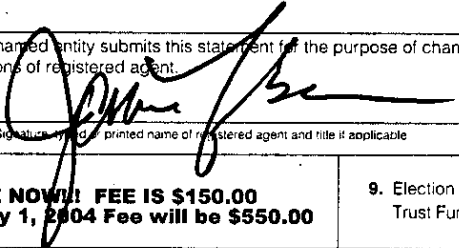
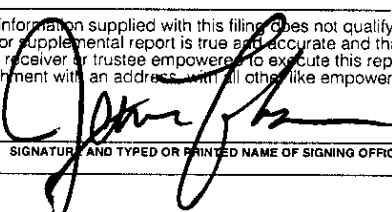


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90269 013 ***150.00

DOCUMENT # P00000040922 1. Entity Name BIOPATHICS, INC.					
Principal Place of Business 30 MARLWOOD LANE PALM BEACH GARDENS, FL 33418			Mailing Address 7100-39 FAIRWAY DR. #305 PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1000920	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRODY, ROBERT 1601 FORUM PLACE SUITE 304 W. PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Cara C. Morris, Esq. Street Address (P.O. Box Number is Not Acceptable) Hoffman & Morris, LLC 11300 US Hwy One Suite 400 City North Palm Beach FL Zip Code 33408	
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  4-27-04 <small>Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABER, JAMES 30 MARLWOOD LANE PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4-27-04 561 775-6323 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment

Dep00000040922

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

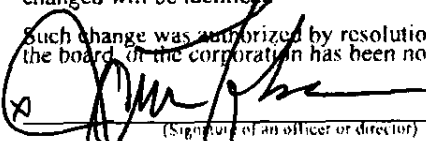
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Biopathics, Inc
2. The principal office address: 30 Marwood Lane
Palm Beach Gardens, FL 33418
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/19/00 Document number: P00000040922
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Robert Brody
Centurian Tower, 1601 Forum Place, Ste 304
West Palm Beach, FL 33401
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CARA C. MORRIS, Esq.
Hoffman + Morris, LLC, 11300 US Hwy One, Ste 400
(P.O. Box or personal mailbox NOT acceptable)
North Palm Beach, FL 33408

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

JAMES TABER, President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Cara C. Morris, Esq.
(Signature of Registered Agent)

4/26/04
(Date)

If signing on behalf of an entity:

CARA C. MORRIS, PA, MEMBER
(Typed or Printed Name)
Hoffman + Morris, LLC

President of
Managing Member
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314