2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017554

Entity Name: US BIOSOLUTIONS, INC.

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1880 N COMMERCE PKWY SUITE#1 WESTON, FL 33326 **New Mailing Address: Current Mailing Address:** 1880 N COMMERCE PKWY SUITE#1 WESTON, FL 33326 FEI Number: 65-1085212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AGUILERA, EDWIN 1880-1 N COMMERCE PKWY WESTON, FL 33326 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LISIEWSKI, DON Name: Name: 1880-1 N. COMMERCE PKWY Address: Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: () Delete Title: Title: () Change () Addition AGUILERA, EDWIN Name: Name: 1880-1 N. COMMERCE PKWY Address: Address: WESTON, FL 33326 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: FVP () Delete VΡ AGUILERA, LESTER AGUILERA, LESTER Name: Name: 1880-1 N. COMMERCE PKWY 1880-1 N. COMMERCE PKWY Address: Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: WESTON, FL 33326 Title: () Delete Title: () Change () Addition AGUILERA, KRISTIN Name: Name: 1880-1 N. COMMERCE PKWY Address: Address: City-St-Zip: WESTON, FL 33326 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIN AGUILERA TS 01/26/2009