

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000085758

Entity Name: OSIRIS, INC.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

215 MIRACLE STRIP PARKWAY
SUITE 2
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

2569 NE CHERRY LAKE CIRCLE
PINETTA, FL 32350 US

Current Mailing Address:

2569 NE CHERRY LAKE CIRCLE
PINETTA, FL 32350

New Mailing Address:

2569 NE CHERRY LAKE CIRCLE
PINETTA, FL 32350 US

FEI Number: 01-0598397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, JANE B
2569 NE CHERRY LAKE CIRCLE
PINETTA, FL 32350 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, ROBERT R
Address: 2569 NE CHERRY LAKE CIRCLE
City-St-Zip: PINETTA, FL 32350

Title: VP () Delete
Name: DEEMER, WILLIAM C
Address: 215 MIRACLE STRIP PARKWAY-SUITE 2
City-St-Zip: FT. WALTON BEACH, FL 32358

Title: STD () Delete
Name: MOORE, JANE
Address: 2569 NE CHERRY LAKE CIRCLE
City-St-Zip: PINETTA, FL 32350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: DEEMER, WILLIAM C
Address: 106 N. CHICAGO STREET
City-St-Zip: FOLEY, AL 36535

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE MOORE

STD

04/21/2008

Electronic Signature of Signing Officer or Director

Date