

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106604

FILED
Jan 11, 2006
Secretary of State

Entity Name: BIOTECHNOLOGY MEDICAL WASTE TRANSFERS, INC.

Current Principal Place of Business:

745 NORTH DRIVE
STE A/B
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

10875 OLD DIXIE HIGHWAY
UNIT #5
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 59-3754718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADAFFARI, SALVATORE S
276 ODOMS MILL BLVD
PONTE VEDRA BEACH, FL 32082 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: P () Delete
Name: MILO, BEAU T
Address: 745 NORTH DRIVE, SUITE A/B
City-St-Zip: MELBOURNE, FL 32934

Title: VP () Delete
Name: MILO, CHRISTOPHER S
Address: 745 NORTH DRIVE, SUITE A/B
City-St-Zip: MELBOURNE, FL 32934

Title: S () Delete
Name: PASCALE, CRAIG
Address: 745 NORTH DRIVE, SUITE A/B
City-St-Zip: MELBOURNE, FL 32934

Title: T () Delete
Name: MADAFFARI, SALVATORE S
Address: 745 NORTH DRIVE, SUITE A/B
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: SALVATORE S. MADAFFARI

TREA

01/11/2006

Electronic Signature of Signing Officer or Director

_____ Date