2004 FOR PROFIT CORPORATION ANNUAL REPORT * - -

CITY-ST-ZIP

SIGNATURE:

Apr 28, 2004 08:00 AM Secretary of State **DOCUMENT # P01000117351** 1. Entity Name BIO-TEC, INC. Mailing Address Principal Place of Business 10098 84TH WAY NORTH 10098 84TH WAY NORTH SEMINOLE, FL 33777 SEMINOLE, FL 33777 01222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-0036577 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KESSIE, JERRY L 10098 84TH WAY NORTH SEMINOLE, FL 33777 IN THIS SPACE 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 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE KESSIE, JERRY L NAME 10098 84TH WAY NORTH STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33777 U00000134692 04/28/04-80029-014 150.00 TITLE NAME STREET ADDRESS CITY ST-ZIF TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 cath; 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.

UNITY HE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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