2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005
Secretary of State

DOCUMENT# P02000107241

Entity Name: SOUTHERN BIOMEDIX, INC.

Current Principal Place of Business:

6950 PHILIPS HWY., SUITE 44
JACKSONVILLE, FL 32216

New Principal Place of Business:

3653 REGENT BLVD
SUITE 104
JACKSONVILLE, FL 32224

Current Mailing Address:

6950 PHILIPS HWY., SUITE 44
JACKSONVILLE, FL 32216

New Mailing Address:

3653 REGENT BLVD
SUITE 104
JACKSONVILLE, FL 32224

FEI Number: 06-1650826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROCHE, ROBERT
6950 PHILIPS HWY, # 44
4TH FLOOR
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

ROCHE, ROBERT
3653 REGENT BLVD
SUITE 104
JACKSONVILLE, FL 32224 US

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: 06/01/2005
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ADAMS, KENT R
Address: 6950 PHILIPS HWY., SUITE 44
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD ( ) Delete
Name: POWELL, MARK A
Address: 6950 PHILIPS HWY., SUITE 44
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD ( ) Delete
Name: ROCHE, ROBERT M
Address: 6950 PHILIPS HWY., SUITE 44
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ADAMS, KENT R
Address: 3653 REGENT BLVD, STE 104
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD (X) Change ( ) Addition
Name: POWELL, MARK A
Address: 3653 REGENT BLVD, STE 104
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD (X) Change ( ) Addition
Name: ROCHE, ROBERT M
Address: 3653 REGENT BLVD, STE 104
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEON NIEDZWIECKI GM 06/01/2005
Electronic Signature of Signing Officer or Director — Date