2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2005 8:00 am Secretary of State

DOCUMENT # P02000120845 1. Entity Name BIOSTAR CONSULTING, INC.	31-2005 90082 020 ***150.00	
	31-2003 30082 020	
Principal Place of Business Mailing Address	500084	l o
5131 NW 48TH TERR. 5131 NW 48TH TERR. GAINESVILLE, FL 32606	OUR HOM ESCH SEIM SEIM HERB HAM SAMM LENN MINN ANNO AND A	1 3
2. Principal Place of Business 3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc. 01142005	Chg-P CR2E034 (10/03)	
City & State City & State 4. FEI Number 13-42197	700 Applied For Not Applied	_
Zip Country Zip Country 5. Certificate of	Fee Required	-
	ddress of New Registered Agent	<u></u>
PALMER, CAROL J		
5131 NW 48TH TERR. GAINESVILLE, FL 32606	is Not Acceptable)	
City	FL Zip Code	
the obligations of registered agent,		
SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when renstating) FILE NOWNILLEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be	DATE	
SIGNATURE	DATE	
SIGNATURE Structure, typod or present name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when renstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 35.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CH.	HANGES TO OFFICERS AND DIRECTORS IN 11	
SIGNATURE Structure, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent adjusture required when renstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		tion
SIGNATURE Signature, typod or previati name of registered agent and title if applicable. (NOTE: Registered Agent applicable required when renativing) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CH. TITLE PD PALMER, CAROL J STREET ADDRESS CITY-ST-ZP GAINESVILLE, FL 32606 CITY-ST-ZP GAINESVILLE, FL 32606 CITY-ST-ZP (NOTE: Registered Agent applicable. (NOTE: Registered Agent applicable. Trust Fund Contribution. S5.00 May Be Added to Fees Added to Fees STREET ADDRESS CITY-ST-ZP GAINESVILLE, FL 32606 CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP	HANGES TO OFFICERS AND DIRECTORS IN 11	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agreed required when rentaiting) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CH. TITLE PO PALMER, CAROL J STREET ADDRESS CITY-ST-ZIP TITLE VTSD GAINESVILLE, FL 32606 10. Delete TITLE NAME STREET ADDRESS	HANGES TO OFFICERS AND DIRECTORS IN 11 Change Addit	
SIGNATURE Structure, typod or previate name of registered agent and title if applicable. (NOTE: Registered Agent adjointure reducted when renationing) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CH. TITLE PD PALMER, CAROL J STREET ADDRESS 5131 NW 48TH TERR. GIY-SI-ZIP GAINESVILLE, FL 32606 TITLE VTSD OLDROCK, LISA M STREET ADDRESS 5131 NW 48TH TERR. GIY-SI-ZIP GAINESVILLE, FL 32606 Delete TITLE VTSD OLDROCK, LISA M STREET ADDRESS 5131 NW 48TH TERR. GIY-SI-ZIP GAINESVILLE, FL 32606 Delete TITLE Delete TITLE STREET ADDRESS 5131 NW 48TH TERR. GIY-SI-ZIP GAINESVILLE, FL 32606 Delete TITLE STREET ADDRESS STRE	HANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addit ☐ Change ☐ Addit ☐ Change ☐ Change ☐ Addit ☐ TERR.	tion
SIGNATURE Synature. hypod or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms restained when renationally) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CH. TITLE PD PALMER, CAROL J STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE VTSD OLDROCK, LISA M STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE NAME STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS ST	Change Addition Territory (Change Addition Territory) Change Addition Addition Territory (Change Addition Territory) Change Addition Territory (Change Addition Territory)	tion
SIGNATURE Synature. hypod or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms retrained when renationly) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CH. TITLE PD PALMER, CAROL J STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE VTSD OLDROCK, LISA M STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE NAME STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREE	Change Addition Territory (Change Addition Territory) Change Addition Addition Territory (Change Addition Territory) Change Addition Territory (Change Addition Territory)	tion
SIGNATURE Stynature, hypod or present angent and bits if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CH. TITLE PO AMME PALMER, CAROL J STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE OBelete ITTLE NAME STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE OBelete ITTLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE TITLE DELETE TITLE TI	TANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addit ☐ Change ☐ Addit ☐ Change	tion tion

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 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 in Block 10 or Block 11 if changed, or on an attacement with an address, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR GURECTOR

Date

Date