2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000129333

Entity Name: CORBEXIS, INC.

FILED Apr 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1217 PONCE DE LEON BLVD.

SUITE: B

3111 W. DR. M.L.K. BLVD.
SUITE: 100

SUITE: B SUITE: 100 CLEARWATER, FL 37756 TAMPA, FL 33706

Current Mailing Address: New Mailing Address:

1217 PONCE DE LEON BLVD. 3111 W. DR. M.L.K. BLVD.

SUITE: B SUITE: 100 CLEARWATER, FL 37756 TAMPA, FL 33706

FEI Number: 90-0054763 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARRI & WHITE, P.A.

1217 PONCE DE LEON BLVD.

CLEARWATER, FL 37756 US

LINDAHL, WILLIAM E
500 9TH. AVE. SO. APT. B1
SAFETY HARBOR, FL 34695 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: WILLIAM E LINDAHL 04/01/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: LINDAHL, WILLIAM E LINDAHL, WILLIAM E

 Address:
 1217 PONCE DE LEON BLVD., STE B
 Address:
 500 9TH. AVE. SO. APT. B1

 City-St-Zip:
 CLEARWATER, FL 33756
 City-St-Zip:
 SAFETY HARBOR, FL 34695

Title: ST () Delete Title: () Change () Addition

 Name:
 PARRI, SANDRA T
 Name:

 Address:
 1217 PONCE DE LEON BLVD., STE B
 Address:

 City-St-Zip:
 CLEARWATER, FL 33756
 City-St-Zip:

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: WILLIAM E. LINDAHL PRES 04/01/2005