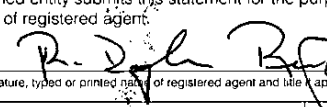


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90089 004 ***150.00

DOCUMENT # P03000014990 1. Entity Name BIOCEUTICAL RESEARCH, INC.																													
Principal Place of Business 1320 PELICAN CREEK CROSSING ST. PETERSBURG, FL 33707			Mailing Address 1320 PELICAN CREEK CROSSING ST. PETERSBURG, FL 33707																										
2. Principal Place of Business Bioceutical Research, Inc.		3. Mailing Address 4400 34th STREET NORTH																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State 		City & State ST. Petersburg FL		4. FEI Number 57-1189885																									
Zip 33714		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent REITZ, RICHARD D 6301-D PELICAN CREEK CROSSING ST. PETERSBURG, FL 33707				7. Name and Address of New Registered Agent Name Bioceutical Research, Inc. Street Address (P.O. Box Number is Not Acceptable) 4400 34th STREET NORTH City ST. Petersburg FL Zip Code 33714																									
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  R Douglas Reitz April 27, 2005 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered agent signature required when reinstating)</small> DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PRES</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>POLLOCK, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6301-D PELICAN CREEK CROSSING</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG, FL 33707</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">BIOCEUTICAL RESEARCH, INC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4400 34th STREET NORTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. Petersburg, FL. 33714</td> <td></td> </tr> </table> </div> </div>						TITLE	PRES	<input type="checkbox"/> Delete	NAME	POLLOCK, DAVID		STREET ADDRESS	6301-D PELICAN CREEK CROSSING		CITY-ST-ZIP	ST. PETERSBURG, FL 33707		TITLE	BIOCEUTICAL RESEARCH, INC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			STREET ADDRESS	4400 34th STREET NORTH		CITY-ST-ZIP	ST. Petersburg, FL. 33714	
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12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.																													
SIGNATURE:  R Douglas Reitz April 27, 2005 727-344-1860 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													