



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90266 033 ***150.00

DOCUMENT # P03000060879 1. Entity Name ANGIOSCAN BIOTECH, INC.					
Principal Place of Business POST OFFICE BOX 22023 TAMPA, FL 33622-2023			Mailing Address POST OFFICE BOX 22023 TAMPA, FL 33622-2023		
2. Principal Place of Business 14241 60th Street N. Suite, Apt. #, etc.		3. Mailing Address 601 Jefferson Davis Hwy Suite, Apt. #, etc. Suite 201			
City & State Clearwater, FL		City & State Fredericksburg, VA		4. FEI Number 51-0467639	
Zip 33760		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAKEFORD & DRAKEFORD, A PROFESSIONAL ASSO 2212 EAST 4TH AVE. TAMPA, FL 33605		7. Name and Address of New Registered Agent Name Drakeford & Drakeford, P.A. Street Address (P.O. Box Number is Not Acceptable) 14241 60th Street North City Clearwater FL Zip Code 33760			
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: <u>Drakeford & Drakeford, P.A.</u> <u>Rosa Repin - agent</u> <u>4-10-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COZZIE, CHRIS 704 BEKIK VIEW HURON, OH 44839	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAKEFORD, WALTER III 2212 4TH AVE TAMPA, FL 33605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>Walter Drakeford</u> <u>4-12-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					