2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094535

Entity Name: BIOPLEX TECHNOLOGIES INC.

FILED May 08, 2009 Secretary of State

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

4417 TROUT DR SE 755 19TH AVE N

ST. PETERSBURG, FL 33705 ST. PETERSBURG, FL 33704

Current Mailing Address: New Mailing Address:

4417 TROUT DR SE 755 19TH AVE N

ST. PETERSBURG, FL 33705 ST. PETERSBURG, FL 33704

FEI Number: 13-4267231 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:

FARMER, ANDREW S FRIES, CAROLYN A 4417 TROUT DR SE 755 19TH AVE N

ST. PETERSBURG, FL 33705 US ST. PETERSBURG, FL 33704 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: CAROLYN FRIES 05/08/2009

> 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:

Title: CFO (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete FARMER, ANDREW S Name: Name: FRIES, DAVID P 4417 TROUT DR SE 755 19TH AVE N Address: Address:

City-St-Zip: ST. PETERSBURG, FL 33705 City-St-Zip: ST. PETERSBURG, FL 33704

Title: VΡ Title: COO () Delete (X) Change () Addition FRIES, CAROLYN A Name: FRIES, DAVID Name:

755 19TH AVE N Address: 755 19TH AVE N Address: ST. PETERSBURG, FL 33704 ST PETERSBURG, FL 33704 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CAROLYN FRIES COO 05/08/2009