

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000030863

Entity Name: BIOMUNE, INC.

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

205 WORTH AVE., SUITE 317
POB 2753
PALM BEACH, FL 33480 US

New Principal Place of Business:

205 WORTH AVE., SUITE 317
PALM BEACH, FL 33480 US

Current Mailing Address:

205 WORTH AVE., SUITE 317
POB 2753
PALM BEACH, FL 33480 US

New Mailing Address:

FEI Number: 55-0898280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALM BEACH CAPITAL ADVISORS. LLC
205 WORTH AVE., SUITE 317
POB 2753
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

SOVEREIGN BIOMEDICAL INC.
205 WORTH AVE.
SUITE 317
PALM BEACH, FL 33480 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: THOMAS H ROSS

05/01/2007

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: PRES () Delete
Name: ROSS, THOMAS H
Address: 205 WORTH AVE., SUITE 317
City-St-Zip: PALM BEACH, FL 33480 US

Title: VP () Delete
Name: LIPTON, JAMES S MD.PHD
Address: 11920 MELLOW CT.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: ALLER, ALEX DR
Address: 205 WORTH AVE., SUITE 317
City-St-Zip: PALM BEACH, FL 33480 US

Title: VPR (X) Change () Addition
Name: LIPTON, JAMES S DR
Address: 11920 MELLOW CT.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: PRES () Change (X) Addition
Name: ROSS, THOMAS H
Address: 205 WORTH AVE. SUITE 317
City-St-Zip: PALM BEACH, FL 33480

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: THOMAS H ROSS

PRES

05/01/2007

Electronic Signature of Signing Officer or Director

Date