

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000032223

Entity Name: BIOSOLUTIONS, INC.

FILED
Jan 04, 2006
Secretary of State

Current Principal Place of Business:

1322 MERES BLVD
TARPON SPRINGS, FL 34689

New Principal Place of Business:

4821 US HWY 19 N
SUITE 1
NEW PORT RICHEY, FL 34652

Current Mailing Address:

1825 S PINELLAS AVE
SUITE 107
TARPON SPRINGS, FL 34689

New Mailing Address:

4821 US HWY 19 N
SUITE 1
NEW PORT RICHEY, FL 34652

FEI Number: 20-0759917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFER, JOSEPH
1322 MERES BLVD
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOFFER, DANELLE
Address: 1322 MERES BLVD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VSTD () Delete
Name: HOFFER, JOSEPH
Address: 1322 MERES BLVD
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH HOFFER

VSTD

01/04/2006

Electronic Signature of Signing Officer or Director

Date