2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041634

Entity Name: BIOVAX, INC.

FILED Apr 05, 2006 Secretary of State

Current Principal Place of Ruciness				New Principal Place of Rusiness		
Current Principal Place of Business:				New Principal Place of Business:		
5310 CYPRESS CENTER DRIVE #101 TAMPA, FL 33609				324 SOUTH HYDE PARK AVENUE SUITE 350 TAMPA, FL 33606		
Current Mailing Address:				New Mailing Address:		
5310 CYPRESS CENTER DRIVE #101 TAMPA, FL 33609			324 SOUTH HYDE PARK AVENUE SUITE 350 TAMPA, FL 33606			
FEI Number: 2	20-0835264	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MCNULTY, JAMES CPA 5310 CYPRESS CENTER DRIVE #101 TAMPA, FL 33609 US				MCNULTY, JAMES CPA 324 SOUTH HYDE PARK AVENUE SUITE 350 TAMPA, FL 33606 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:				04/05/2006		
	Electronic	Signature of Registered Agent	t			Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title:	MANNINO, RAPH 5310 CYPRESS TAMPA, FL 3360 D () [CENTER DRIVE #101 09 Delete		Title: Name: Address: City-St-Zip: Title:	MANNINO, RA 324 SOUTH H TAMPA, FL 33	YDE PARK AVENUE SUITE 350 3606 X) Change()Addition
Name: Address: City-St-Zip:	ARIKIAN, STEVE 5310 CYPRESS TAMPA, FL 3360	CENTER DRIVE #101		Name: Address: City-St-Zip:	ARIKIAN, STE 324 SOUTH H TAMPA, FL 3	YDE PARK AVENUE SUITE 350
Title: Name: Address: City-St-Zip:	BAUM, MARTIN	Delete CENTER DRIVE #101 09		Title: Name: Address: City-St-Zip:	BAUM, MARTI	YDE PARK AVENUE, SUITE 350
Title: Name: Address: City-St-Zip:	SCOTT, JEFFRE	CENTER DRIVE #101		Title: Name: Address: City-St-Zip:	SCOTT, JEFF	YDE PARK AVENUE, SUITE 350
Title: Name: Address: City-St-Zip:	O'DONNELL, FR	Delete ANCIS E JR, DR. CENTER DRIVE #101 09		Title: Name: Address: City-St-Zip:	O'DONNELL,	X) Change()Addition FRANCIS E JR, DR. YDE PARK AVENUE, SUITE 350 3606
Title: Name: Address: City-St-Zip:	ALLARD, STEPH	CENTER DRIVE #101		Title: Name: Address: City-St-Zip:	() Change () Addition

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: FRANCIS E. O'DONNELL JR., M.D. D 04/05/2006