

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080760

Entity Name: BIO-ALLERGENICS, INC.

FILED
Jan 12, 2005
Secretary of State

Current Principal Place of Business:

6701 MALLARDS COVE ROAD
SUITE 23E
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

6701 MALLARDS COVE ROAD
SUITE 23E
JUPITER, FL 33458

New Mailing Address:

FEI Number: 20-1154325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PSD () Delete
Name: HUDSPETH, WILLIAM
Address: 6701 MALLARDS COVE ROAD
City-St-Zip: JUPITER, FL 33458

Title: VTD () Delete
Name: HOFFMAN, JULES
Address: 6701 MALLARDS COVE ROAD
City-St-Zip: JUPITER, FL 33458

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 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 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: WILLIAM HUDSPETH

PSD

01/12/2005

Electronic Signature of Signing Officer or Director

Date