~2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

ED DOCUMENT # P05000130852 1. Entity Name BALTIMORE BIOTECH HOLDINGS INC. 08 NOV 17 PM 4: 05 LUKE JAKY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 7772 FISHER ISLAND DRIVE 7772 FISHER ISLAND DRIVE MIAMI, FL 33109 MIAMI, FL 33109 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 10102008 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRIS, STUART R ESQ. Street Address (P.O. Box Number is Not Acceptable) 7000 WEST PALMETTO PARK ROAD SUITE 205 BOCA RATON, FL 33433 City Zip Code FL 8. 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. I am familiar with, and accept SIGNATURE. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DPT TITLE ☐ Detete TITLE ☐ Change Addition ROGERS, MARK C NAME NAME 100.138076551 /19/08--01021--001 **6 7772 FISHER ISLAND DRIVE STREET ADDRESS STREET ADDRESS **61.25 MIAMI, FL 33109 CITY-ST-ZIP CITY-ST-ZIP Detete Change Addition TITLE TITLE NAME ROGERS, JULIE NAME STREET ADDRESS 308 RADNOR ROAD STREET ADDRESS BALTIMORE, MD 21212 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change Addition TITLE TITLE CARLSON, WILLIAM E NAME NAME 36 S. CHARLES STREET, 20TH FLOOR STREET ADORESS STREET ADDRESS CITY-ST-ZIP BALTIMORE, MD 21201 CITY-ST-77P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Mark C. Rogers

Date 305 674-7072