

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90091 018 ***150.00

DOCUMENT # P05000143451	
1. Entity Name	
BIOSOMETRIX, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1875 OLD ALABAMA ROAD, SUITE 640		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ROSWELL, GA		City & State	
Zip 30076-2264	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3676398	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name CYRUS HARRINGTON	
Street Address (P.O. Box Number is Not Acceptable) 241 YACHT CLUB DRIVE	
City NICEVILLE	FL Zip Code 32578

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 the obligations of registered agent.

SIGNATURE  **CYRUSS HARRINGTON** **4/29/2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CYRUS HARRINGTON 241 YACHT CLUB DRIVE NICEVILLE, FL. 32578	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREAS CYRUS HARRINGTON 241 YACHT CLUB DRIVE NICEVILLE, FL. 32578	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **CYRUS HARRINGTON** **4/29/2006** **(770) 992-2290**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #