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Secretary of State

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03-03-2008 90204 005 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000014526

1. Entity Name
BIOSCIENCE TRAINING ACADEMY, INC.

66004958

02012008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
7360 ULMERTON RD UNIT 26E LARGO, FL 33771	~~7360 ULMERTON RD UNIT 26E LARGO, FL 33771~~
2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. BOX 94
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State LARGO, FL
Zip / Country	Zip 33779 / Country

4. FEI Number 20-4247743 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAWS, JENNIFER
7360 ULMERTON RD
UNIT 26E
LARGO, FL 33771

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD DAVIDBERG, JOSHUA KEN 7360 ULMERTON RD., UNIT 26E LARGO, FL 33771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOEL TRUSBELL 6322 MISTY TERRACE D TAMPA, FL 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VADDIPARTHI, SRI PO BOX 296 ETNA, NY 13062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: J. Davidberg — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 02/28/08 — Daytime Phone #