2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2007
Secretary of State

DOCUMENT# P06000062389

Entity Name: INNOVATIVE TISSUE PROCESSING TECHNOLOGIES, INC.

Current Principal Place of Business:

1795 WHIPPOORWILL LANE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

1795 WHIPPOORWILL LANE
DELAND, FL 32720

New Mailing Address:

FEI Number: 74-3178861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIKOLAIDIS, E.T. MD
1795 WHIPPOORWILL LANE
DELAND, FL 32720 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: D ( ) Delete
Name: JOHNSON, REX
Address: 2595 REMINGTON DR.
City-St-Zip: WEST LINN, OR 97068

Title: D ( ) Delete
Name: CHEVRIER, HELENE
Address: 823 FATIO RD.
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: NIKOLAIDIS, E.T. MD
Address: 1795 WHIPPOORWILL LANE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JOHNSON, REX
Address: 2595 REMINGTON DR.
City-St-Zip: WEST LINN, OR 97068

Title: VD (X) Change ( ) Addition
Name: CHEVRIER, HELENE
Address: 823 FATIO RD.
City-St-Zip: DELAND, FL 32720

Title: STD (X) Change ( ) Addition
Name: NIKOLAIDIS, E.T. MD
Address: 1795 WHIPPOORWILL LANE
City-St-Zip: DELAND, FL 32720

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: E. T. NIKOLAIDIS STD 01/13/2007

Electronic Signature of Signing Officer or Director — Date