2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000062389

FILED Jan 16, 2008 Secretary of State

Entity Name: INNOVATIVE TISSUE PROCESSING TECHNOLOGIES, INC.

1795 WHIP DELAND, F Current Ma 1795 WHIP DELAND, F	niling Address: POORWILL LANE 'L 32720	New Principal Place of Business: 823 FATIO RD DELAND, FL 32720 New Mailing Address: P.O. BOX 220155 GLENWOOD, FL 32722 US		
DELAND, F Current Ma 1795 WHIP DELAND, F FEI Number:	niling Address: POORWILL LANE L 32720	DELAND, FL 32720 New Mailing Address: P.O. BOX 220155		
1795 WHIP DELAND, F FEI Number: `	POORWILL LANE L 32720	P.O. BOX 220155		
DELAND, F	L 32720			
	74-3178861 FEI Number Applied For ()			
Name and	74-5170001 FEI Nullibei Applieu Fül ()) FEI Number Not Applicable () Certificate of Status Desired ()	
	Address of Current Registered Agen	t: Name and Address of New Registered Agent:		
NIKOLAIDIS 1795 WHIP DELAND, F	POORWILL LANE			
The above r n the State		the purpose of changing its registered office or registered agent, or	both,	
SIGNATUR	E:			
	Electronic Signature of Registered	Agent Date		
Election Cam	paign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	PD () Delete JOHNSON, REX 2595 REMINGTON DR. WEST LINN, OR 97068	Title: () Change () Addition Name: Address: City-St-Zip:		
ītle: lame: lddress: Dity-St-Zip:	VD () Delete CHEVRIER, HELENE 823 FATIO RD. DELAND, FL 32720	Title: () Change () Addition Name: Address: City-St-Zip:		
	STD () Delete NIKOLAIDIS, E.T. MD	Title: () Change () Addition Name:		

I hereby certify that the information supplied with this filing does not qualify 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 01/16/2008