

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000130642

Entity Name: CARECYTE BIOLOGICS, INC.

FILED  
Apr 09, 2009  
Secretary of State

## Current Principal Place of Business:

6809 PLUMPJACK COURT  
PORT ORANGE, FL 32128

## New Principal Place of Business:

## Current Mailing Address:

6809 PLUMPJACK COURT  
PORT ORANGE, FL 32128

## New Mailing Address:

FEI Number: 26-1541783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MULLER, SOREN M  
6809 PLUMPJACK COURT  
PORT ORANGE, FL 32128 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: P ( ) Delete  
Name: LANE, I. W  
Address: 1795 EARHART COURT  
City-St-Zip: PORT ORANGE, FL 32128 US

Title: VP ( ) Delete  
Name: MULLER, MARK  
Address: 2010 SOUTH CREEK BLVD.  
City-St-Zip: PORTORANGE, FL 32128 US

Title: S/T ( ) Delete  
Name: MULLER, SOREN M  
Address: 6809 PLUMPJACK COURT  
City-St-Zip: PORT ORANGE, FL 32128 US

Title: DIR ( ) Delete  
Name: SANDERS, KATE  
Address: 3671 GENOVA CT.  
City-St-Zip: OVIEDO, FL 32765 US

Title: VP-R ( ) Delete  
Name: THORNTHWAITE, JERRY T  
Address: 215 HAMLETT ST.  
City-St-Zip: HENDERSON, TN 38340 US

Title: DIR ( ) Delete  
Name: KUCHMA, MELISSA  
Address: 1516 SPRINGTIME LOOP  
City-St-Zip: WINTER PARK, FL 32792 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SOREN MULLER

S/T

04/09/2009

Electronic Signature of Signing Officer or Director

Date