2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2006 8:00 am Secretary of State

DOCUMENT # P33596 1. Entity Name THE BIOMOTION FOUNDATION, INC.							04-11-2006 90105 024 ****61.25				
Principal Place of Business Mailing Address 1309 N FLAGLER DR PO BOX 248 WEST PALM BCH, FL 33401 US PALM BEACH, FL 33480 US					1 193/14	()	I BIII GISII BIBII BIB	: 6 2 4 6) 6 6	1211 21 21 160 1		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.			0110200	6 Chg-NP	CR2E03	37 (11/05)		
City & State			City & State			4. FEI Nur 04-2	mber 981081			oplied For ot Applicable	
Zip	Zip Country		Zip Cor		ntry	5. Certific	ate of Status Desire		\$8.75 Add	ditional	
	6. Name and Address of Curre	ent Registere	d Agent			7. Name a	and Address of Nev	w Registered /	Agent		
EDWARD	C O ANCELL 3 LD.				Name						
EDWARDS & ANGELL LLP: " ONE NORTH CLEMATIS STREET SUITE 400					Street Add	Street Address (P.O. Box Number is Not Acceptable)					
	LM BEACH, FL 33401										
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					City			FL	Zip Cod	е	
8. The above the obligat	named entity submits this statementions of registered agent.	nt for the purp	ose of changing its	registere	ed office or re	egistered agent, or	both, in the State of	Florida. I am i	familiar with,	and accept	
SIGNATUŘE.											
· ·	Signature, typed or printed name of registered as	gent and title il app	olicable. (NOT	E: Registered	d Agent signature	required when reinstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2006		9. Election Car Trust Fund C			\$5.00 Ma		Make check lorida Depar			
10.	Due by May 1, 2006 OFFICERS AND	DIRECTORS	Trust Fund (on. [Added to Fe		lorida Depar	tment of S	tate	
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12. Thereby carriy that the information supplied with this hilling does not quality for the exemptions contained in Chapter 119, Horida 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06

561-650-6385 Davime Phone #