


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000021458 1. Entity Name NORTH FL. BIO-MED., INC.	
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Principal Place of Business 26687 HWY 247 BRANFORD, FL 32008	Mailing Address P.O. BOX 504 BRANFORD, FL 32008
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DO NOT WRITE IN THIS SPACE



03272008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3176653	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SUGGS, ROBBIE W SUWANNEE AVE. BRANFORD, FL 32008	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000874858 04/11/08-80009-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUGGS, ROBBIE W P.O. BOX 504 BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUGGS, DONNA P.O. BOX 504 BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, K. KEVIN RT. 14, BOX 178-B LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, SUZANNE M RT. 14, BOX 178-B LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  Donna Suggs 3/27/08 386 9352223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #