

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90268 048 ***150.00

DOCUMENT # P94000044689 1. Entity Name NANOBAC PHARMACEUTICALS, INCORPORATED.					
Principal Place of Business 10150 HIGHLAND MANOR DRIVE SUITE 236 TAMPA, FL 33610 US			Mailing Address 10150 HIGHLAND MANOR DRIVE SUITE 236 TAMPA, FL 33610 US		
2. Principal Place of Business 2727 W MLK BLVD		3. Mailing Address 2727 W MLK BLVD			
Suite, Apt. #, etc. 850		Suite, Apt. #, etc. 850			
City & State TAMPA, FL		City & State TAMPA, FL			
Zip 33607		Country HILLSBOROUGH		Zip 33607	
Country HILLSBOROUGH		Country HILLSBOROUGH			
6. Name and Address of Current Registered Agent CLANCY, MARK 10150 HIGHLAND MANOR DRIVE TAMPA, FL 33610			7. Name and Address of New Registered Agent Name MICHAEL R CAREY Street Address (P.O. Box Number is Not Acceptable) 712 S. OREGON AVE City TAMPA FL FL Zip Code 33606		
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: <u><i>Michael R. Carey</i></u> 4/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO D STANTON, JOHN <input type="checkbox"/> Delete 10150 HIGHLAND MANOR DR #236 TAMPA, FL 33610		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D EDWARDS, ALEX H III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2727 W MARTIN LUTHER KING BLVD-SUITE 850 TAMPA, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, ALEX H III <input type="checkbox"/> Delete 10150 HIGHLAND MANOR DR #236 TAMPA, FL 33610		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAN EGBERTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2727 W MLK BLVD - SUITE 850 TAMPA, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLANCY, MARK <input checked="" type="checkbox"/> Delete 10150 HIGHLAND MANOR DR #236 TAMPA, FL 33610		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHAN RECHTSCHAFFEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2727 W MLK BLVD - SUITE 850 TAMPA, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>JOHN STANTON</i></u> 4/20/05 813-262-9015 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					