## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000044689

City-St-Zip:

TAMPA, FL 33607

Entity Name: NANOBAC PHARMACEUTICALS, INCORPORATED.

FILED Mar 19, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	T M.L.K. BLVC	).		HABANA AVI	ENUE	
SUITE 850 TAMPA, F		}	SUITE: TAMPA	205 , FL 33614	US	
Current Mailing Address:				New Mailing Address:		
2727 WEST M.L.K. BLVD.				4730 N HABANA AVENUE		
SUITE 850 TAMPA, F		3	SUITE: TAMPA	205 ., FL 33614	US	
FEI Number:	: 59-3248917	FEI Number Applied For ( )	FEI Number Not	Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ONE TAMI 201 NORT	), WILLIAM J JF PA CENTER - TH FRANKLIN S L 33602 US	SUITE 3200				
The above in the State	named entity se of Florida.	submits this statement for the p	ourpose of changi	ng its register	ed office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	STANTON, JOH	ID MANOR DR #236	Title: Name: Address: City-St-Z	ip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EDWARDS, ALI	N LUTHER KING BLVD, STE 850	Title: Name: Address: City-St-Z	4730 N HA	(X) Change ( ) Addition S, ALEX H III BANA AVENUE, SUITE 205 _ 33614	
Title: Name: Address: City-St-Zip:	EGBERTS, JAN	N LUTHER KING BLVD, STE 850	Title: Name: Address: City-St-Z	4730 N HA	(X) Change ( ) Addition .CO, BENEDICT BANA AVENUE, SUITE 205 _ 33614	
Title: Name: Address:	RECHTSCHAFF	Delete EN, STEPHEN N LUTHER KING BLVD. STE 850	Title: Name: Address:		(X) Change ( ) Addition HAFFEN, STEPHEN BANA AVENUE. SUITE 205	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip: TAMPA, FL 33607

SIGNATURE: BENEDICT MANISCALCO VP 03/19/2007