2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000044689

Entity Name: NANOBAC PHARMACEUTICALS, INCORPORATED.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4730 N HABANA AVENUE 3000 BAYPORT DR SUITE 205 910 TAMPA, FL 33614 TAMPA, FL 33607 US **Current Mailing Address: New Mailing Address:** 4730 N HABANA AVENUE 3000 BAYPORT DR SUITE 205 910 TAMPA, FL 33614 US TAMPA, FL 33607 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: SCHIFINO, WILLIAM J JR. ONE TAMPA CENTER - SUITE 3200 201 NORTH FRANKLIN ST. TAMPA, FL 33602 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete (X) Change () Addition STANTON, JOHN STANTON, JOHN Name: Name: 10150 HIGHLAND MANOR DR #236 P.O. BOX 24567 Address: Address: TAMPA, FL 33610 City-St-Zip: City-St-Zip: **TAMPA, FL 33623** Title: Title: () Delete (X) Change () Addition EDWARDS, ALEX H III Name: EDWARDS, ALEX H III Name: 4730 N HABANA AVENUE, SUITE 205 5025 WEST LEMON STREET Address: Address: TAMPA, FL 33614 TAMPA, FL 33609 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition MANISCALCO, BENEDICT MANISCALCO, BENEDICT Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: JOHN STANTON C 05/01/2008

4730 N HABANA AVENUE, SUITE 205

() Delete

4730 N HABANA AVENUE, SUITE 205

RECHTSCHAFFEN, STEPHEN

TAMPA, FL 33614

TAMPA, FL 33607

Address

Title:

Name: Address:

City-St-Zip:

City-St-Zip:

4730 N HABANA AVENUE, SUITE 201

RECHTSCHAFFEN, STEPHEN

5025 WEST LEMON STREET

(X) Change () Addition

TAMPA, FL 33614

TAMPA, FL 33609