2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 08:00 A Secretary of State DOCUMENT # P94000055658 1. Entity Name SANADI BIOTECH GROUP, INC. Principal Place of Business Mailing Address **6227 SOARING AVE** PO BOX 290283 US TEMPLE TERRACE, FL 33617 TAMPA, FL 33687 US 04192008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3258017 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SANADI, CLYDE 6227 SOARING AVE TEMPLE TERRACE, FL 33617 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. **PSD** TITLE SANADI, CLYDE NAME PO BOX 290283 STREET ADDRESS CITY-SI-ZIP TAMPA, FL 33687 TITLE NAME STREET ADORESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in 12. I hereby certify that the information supplied indicated on this report or supplemental rep of the corporation changed, or on an attac

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP