2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 31, 2005 08:00 AM Secretary of State

DOCUMENT # P95000095075 1. Entity Name SUNCOAST ENVIRONMENTAL BIOTECH, INC.					Secretary of State	
Principal Place of Business 1701 BIOTECH WAY SARASOTA, FL 34243 Mailing Address 1701 BIOTECH WAY SARASOTA, FL 34243) 	BIRL SIIIS RAIII SSIII RUSSI BUSSI SOUS PSIII BUSS JASU ANIIRAL AIJIRA II ISSI	
DO NOT WRITE IN THIS SPACE				01272005	No Chg-P CR2E034 (10/03)	
				65-0632355 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HADLEY, WILLIAM F 398 BOB WHITE DR. SARASOTA, FL 34236				DO NOT WRITE 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 Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DAYE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY -ST - ZIP TITLE	PD HADLEY, WILLIAM F 398 BOB WHITE DRIVE SARASOTA, FL 34236	<u> </u>			U00000368769 -05/31/05-80017-001 600.00	
NAME STREET ADDRESS CITY-ST-ZIP	, MAR MARIE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	-	No.	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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: SIGNATURE: SIGNATURE Days of PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Days of						

William thouse