## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000051393

GOULD, TAFFÝ

MIAMI, FL 33133

10 EDGEWATER DRIVE, APT 14F

Name:

Address:

City-St-Zip:

Entity Name: BIOCARD CORPORATION

FILED May 01, 2006 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
6500 SW 1 MIAMI, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
6500 SW 1 MIAMI, FL					
FEI Number:	65-0765408	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	114TH ST 33156 US named entity s	submits this statement for the pu	urpose of changing its registere	d office or registered agent, or both,	
	e of Florida.				
SIGNATUR		is Oissants and Demistrated Assess	-1	D-1-	
Election Car	ce with s. 607.19	ic Signature of Registered Ager 3(2)(b), F.S., the corporation did not 3 Trust Fund Contribution (). TORS:	receive the prior notice.	Date ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () KARL, ROBER 6500 SW 114TI MIAMI, FL 331	H ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) KARL, NILZA S 6500 SW 114TI MIAMI, FL 331	H STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title <sup>.</sup>	D ()	Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT H. KARL PRES 05/01/2006