2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# P96000059803

Entity Name: INTERNATIONAL BIOMEDICAL, INC.

Current Principal Place of Business:

1300 NW 17TH AVE
STE 118A
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

PO BOX 7655
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 65-0739054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONE, WILLIAM J JR
514 SE 7 STREET
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OKO, NNACHI L
Address: 2200 LAKEIDA ROAD STE 1D
City-St-Zip: DELRAY BEACH, FL 33445

Title: STD ( ) Delete
Name: OKO, CHRISTINA C
Address: 2200 LAKEIDA ROAD STE 1D
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: OKO NNACHI L PD 04/23/2004

Electronic Signature of Signing Officer or Director Date