

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059803

Entity Name: INTERNATIONAL BIOMEDICAL, INC.

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

601 NORTH CONGRESS AVE.  
SUITE 408  
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: PD (X) Change ( ) Addition  
Name: OKO, NNACHI L  
Address: 601 N CONGRESS AVE STE 408  
City-St-Zip: DELRAY BEACH, FL 33445

Title: STD (X) Change ( ) Addition  
Name: OKO, CHRISTINA C  
Address: 601 N CONGRESS AVE STE 408  
City-St-Zip: DELRAY BEACH, FL 33445

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.

SIGNATURE: OKO NNACHI L

PD

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date