2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000090722

Entity Name: HEPALIFE TECHNOLOGIES, INC.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
60 STATE STREET SUITE 700 BOSTON, MA 02109 US						
Current Mailing Address:				New Mailing Address:		
216 - 1628 WEST 1ST AVENUE SURREY, BC V6J1G1 CA			;	60 STATE STREET SUITE 700 BOSTON, MA 02109 US		
FEI Number: 58-2349413 FEI Number Applied For () FEI Number			El Numl	ber Not Applic	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS,, FL 33410 US						
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						Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ()E MENZLER, FRAN 60 STATE STREE BOSTON, MA 02	ET, SUITE 700	1	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	STD () E RAYAT, HARMEL 60 STATE STREE BOSTON, MA 02	ET, SUITE 700	1	Title: Name: Address: City-St-Zip:		(X) Change () Addition DONNA MS TREET, SUITE 700 A 02109 US
Title: Name: Address: City-St-Zip:	D () E JIMENEZ, JAVIEI 60 STATE STREE BOSTON, BC 02	ET, SUITE 700	1	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D () E SCHOMER, ROLL 60 STATE STREE BOSTON, MA 02	ET, SUITE 700	1	Title: Name: Address: City-St-Zip:	60 STATE S	(X) Change()Addition ROLAND MD TREET, SUITE 700 A 02109 US
Title: Name: Address: City-St-Zip:	()	Delete	1	Title: Name: Address: City-St-Zip:	60 STATE S	() Change (X) Addition KTINDER MR TREET, SUITE 700 A 02109 US
Title: Name: Address: City-St-Zip:	()[Delete	1	Title: Name: Address: City-St-Zip:	60 STATE S	() Change (X) Addition JOSEPH MR TREET, SUITE 700 A 02109 US
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						

SIGNATURE: FRANK MENZLER PD 04/13/2009

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.