2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000006697

1. Entity Name
ALL POINTS BIOMEDICAL INC.

Principal Place of Business	Mailing Address
8758 SEMINOLE BLVD	8758 SEMINOLE BLVD
SEMINOLE, FL 33772-3810	SEMINOLE, FL 33772-3810

01042005   No Chg-P   CR2E034 (10/03)

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4. FEI Number		Applied For
59-3501744		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMARIDGE, ANTON S
10148 BAHAMA COURT
SEMINOLE, FL 33776-1301

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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 _____   DATE _1-6-05_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

LIIIII00000176049
01/10/05-80071-014   150.00

10. OFFICERS AND DIRECTORS

TITLE	P	
NAME	SMARIDGE, ANTON	
STREET ADDRESS	10148 BAHAMA CT.	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	S	
NAME	SMARIDGE, KERRI	
STREET ADDRESS	10148 BAHAMA CT.	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. I hereby certify that the information supplied with this filing 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: _Anton Smaridge_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date _1-6-05_   Daytime Phone # _319-0905_