

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # P98000006697

1. Entity Name
ALL POINTS BIOMEDICAL INC.



Principal Place of Business
**8758 SEMINOLE BLVD
SEMINOLE FL 33772-3810**

Mailing Address
**8758 SEMINOLE BLVD
SEMINOLE FL 33772-3810**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-3501744**

Applied For
 Not Applicable

Zip Country Zip Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Anton S Smaridge* DATE **1-23-07**

Signature, typed or printed name of registered agent and his appointment. (NOTE: Registered Agent signature required when registering.)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TYPE	P	<input type="checkbox"/> Delete
NAME	SMARIDGE, ANTON	
STREET ADDRESS	10148 BAHAMA CT.	
CITY- ST- ZIP	SEMINOLE FL 33776	
TYPE	S	<input type="checkbox"/> Delete
NAME	SMARIDGE, KERRI	
STREET ADDRESS	10148 BAHAMA CT.	
CITY- ST- ZIP	SEMINOLE FL 33776	
TYPE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TYPE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TYPE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000605027	
CITY- ST- ZIP	01/30/07-80019-017. 150.00	
TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TYPE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 S Smaridge* *Kerri L Smaridge* DATE: **1-23-07** **319-0905**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR