

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P98000058995</b>						<b>FILED</b> 06 SEP 12 AM 9:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>1. Entity Name</b> HEMACARE BIOSCIENCE, INC.							
<b>Principal Place of Business</b> 5440 NW 33RD AVENUE SUITE 108 FORT LAUDERDALE, FL 33309				<b>Mailing Address</b> 5440 NW 33RD AVENUE SUITE 108 FORT LAUDERDALE, FL 33309			
<b>2. Principal Place of Business</b> 5440 NW 33 <sup>rd</sup> Ave.				<b>3. Mailing Address</b> 21101 Oxnard Street			
Suite, Apt. #, etc. Suite 108				Suite, Apt. #, etc.			
City & State Fort Lauderdale, FL				City & State Woodland Hills, CA			
Zip 33309		Country USA		Zip 91367		Country USA	
<b>4. FEI Number</b> 65-0847391				Applied For Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> MAURO, JOSEPH L CEO 5440 NW 33RD AVE SUITE 108 FORT LAUDERDALE, FL 33309				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>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.</b>							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Amended AR is \$61.25</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> P	<b>NAME</b> MAURO, JOSEPH L			<input type="checkbox"/> Delete	<b>TITLE</b> CEO / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5440 NW 33RD AVE SUITE 108	<b>STREET ADDRESS</b> 21101 Oxnard street			<b>CITY-ST-ZIP</b> FORT LAUDERDALE, FL 33309	<b>CITY-ST-ZIP</b> Woodland Hills, CA 91367		
<b>TITLE</b> VP	<b>NAME</b> ADIA, VALENTIN A JR			<input type="checkbox"/> Delete	<b>TITLE</b> CFO / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5440 NW 33RD AVE SUITE 108	<b>STREET ADDRESS</b> 21101 Oxnard Street			<b>CITY-ST-ZIP</b> FORT LAUDERDALE, FL 33309	<b>CITY-ST-ZIP</b> Woodland Hills, CA 91367		
<b>TITLE</b> NAME	<b>TITLE</b> NAME			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>TITLE</b> NAME			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>TITLE</b> NAME			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> CITY-ST-ZIP	<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>							
<b>SIGNATURE</b>				<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> Robert S. Chilton, CFO, 9/5/06 (1818)			
Date				Daytime Phone # 251-5312			