2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

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Entity Name: HEMACARE BIOSCIENCE, INC.

Current Principal Place of Business:

5440 NW 33RD STREET, SUITE 108
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

21101 OXNARD STREET
WOODLAND HILLS, CA 91367

New Mailing Address:

15350 SHERMAN WAY
SUITE 350
VAN NUYS, CA 91406

FEI Number: 65-0847391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAURO, JOSEPH L CEO
5440 NW 33RD AVE
SUITE 108
FORT LAUDERDALE, FL 33309 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: CEOD ( ) Delete
Name: IRVING, JUDY
Address: 21101 OXNARD STREET
City-St-Zip: WOODLAND HILLS, CA 91367

Title: CFOD ( ) Delete
Name: CHILTON, ROBERT S
Address: 21101 OXNARD STREET
City-St-Zip: WOODLAND HILLS, CA 91367

Title: P ( ) Delete
Name: MAURO, JOSEPH L
Address: 5440 NW 33RD STREET, SUITE 108
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: V ( ) Delete
Name: ADIA, VALENTIN A JR
Address: 5440 NW 33RD STREET, SUITE 108
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition
Name: IRVING, JUDY
Address: 15350 SHERMAN WAY, SUITE 350
City-St-Zip: VAN NUYS, CA 91406

Title: CFOD (X) Change ( ) Addition
Name: CHILTON, ROBERT S
Address: 15350 SHERMAN WAY, SUITE 350
City-St-Zip: VAN NUYS, CA 91406

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT S. CHILTON CFOD 01/09/2007

Electronic Signature of Signing Officer or Director — Date