2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000106806

1. Entity Name
ENCOR BIOTECHNOLOGY INC.

Principal Place of Business	Mailing Address
12085 RESEARCH DRIVE ALACHUA, FL 32615 US	12085 RESEARCH DRIVE ALACHUA, FL 32615 US

DO NOT WRITE IN THIS SPACE

07122007 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
59-3615146	Not Applicable

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

6. Name and Address of Current Registered Agent

SHAW, GERRY
6401 S.W. 111TH AVENUE
GAINESVILLE, FL 32608

DO NOT WRITE IN THIS SPACE

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 _____ 7/12/07

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

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	DR
NAME	SHAW, GERRY
STREET ADDRESS	6401 S.W. 111TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32608

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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.

SIGNATURE: _____ GERRY SHAW   8/27/07   352 871
                                                    6153(com)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #