## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S98512

Entity Name: TUTOGEN MEDICAL, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1130 MCBR 3RD FLOOR W. PATERS		US		13709 PRC BOX 19 ALACHUA,	GRESS BLVE FL 32615	) US	
Current Mailing Address:			New Mailing Address:				
1130 MCBR 3RD FLOOR W. PATERS		US		13709 PRC BOX 19 ALACHUA,	GRESS BLVE FL 32615	) US	
FEI Number:	59-3100165 FE	Number Applied For()	FEI Num	nber Not Appli	cable ( )	Certificate	of Status Desired ( )
Name and	Address of Curre	nt Registered Agent:		Name and	Address of N	ew Regis	stered Agent:
BRUSH, MATHEW T TUTOGEN MEDICAL (US) INC ONE PROGRESS BLVD, ALACHUA, FL 32615 US			BRUSH, MATTHEW T TUTOGEN MEDICAL, INC 13709 PROGRESS BLVD, BOX 19 ALACHUA, FL 32615 US				
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: MATTHEW T. BRUSH					05/01/2006		
	Electronic Sig	gnature of Registered Agent				D	ate
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
Title: Name: Address: City-St-Zip:	STCF () Delet LOMBARDI, GEORGI 1130 MCBRIDE AVE W.PATERSON, NJ 0	<b>=</b>		Title: Name: Address: City-St-Zip:	CFO (X) JOHNSTON, L. 13709 PROGRE ALACHUA, FL 3	ESS BLVD,	
Title: Name: Address: City-St-Zip:	DO ( ) Delet KRUEGER, MANFRE INDUSTRIESSE 6 NEUNKIRCHEN AM B			Title: Name: Address: City-St-Zip:	CEO (X) MAYER, GUY 13709 PROGRE ALACHUA, FL 3		•
Title: Name: Address: City-St-Zip:	DC ( ) Delet CROWNINSHIELD, R 11115 BURNHILL CT FT. WAYNE, IN 4681	OY D		Title: Name: Address: City-St-Zip:	()	Change (	) Addition
Title: Name: Address: City-St-Zip:	D () Delet PAUKEN, THOMAS 5646 MILTON ST SUI DALLAS, TX 75202			Title: Name: Address: City-St-Zip:	D (X) HENSELER, UD 2901 SW 117TH DAVIE, FL 333	OO H AVE	) Addition
Title: Name: Address: City-St-Zip:	D ( ) Delet HELDERMAN, DR. J VANDERBILT TRANS NASHVILLE, TN 327	PLANT CENTER S-3223		Title: Name: Address: City-St-Zip:	()	Change (	) Addition
Title: Name: Address: City-St-Zip:	D ( ) Delet CLEVELAND, G. RUS 8080 N CENTRAL EX DALLAS, TX 75206			Title: Name: Address: City-St-Zip:	()	Change (	) Addition

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:	L. ROBERT JOHNSTON	CFO	05/01/2006
	E		<u> </u>