

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V04528

FILED
Oct 26, 2009
Secretary of State

Entity Name: CUSTOM BIOLOGICALS, INC.

Current Principal Place of Business:

1239 E. NEWPORT CENTER DR
SUITE 117
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

1239 E. NEWPORT CENTER DR
SUITE 117
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 65-0369656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUGH, THOMAS
1239 E. NEWPORT CENTER DR
SUITE 117
DEERFIELD BEACH, FL 33442 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: THOMAS BAUGH

Electronic Signature of Registered Agent

Date

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:

Title: PCOB () Delete
Name: BAUGH, CLARENCE L.
Address: 2084 COUNTRY CLUB BLVD
City-St-Zip: DEERFIELD BCH, FL

Title: VPD () Delete
Name: BAUGH, CHARLES
Address: 5697 BOCA CHICA LANE
City-St-Zip: BOCA RATON, FL 33433

Title: VPTD () Delete
Name: BAUGH, THOMAS E
Address: 1082 SW 12TH TERRACE
City-St-Zip: BOCA RATON, FL 33486

Title: VSD () Delete
Name: FRIEND, BARBARA B.
Address: 18217 CLEAR BROOK CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: DVP () Delete
Name: BAUGH, JAYNE H.
Address: 2084 COUNTRY CLUB BLVD
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCOB (X) Change () Addition
Name: BAUGH, CLARENCE L
Address: 2084 COUNTRY CLUB BLVD
City-St-Zip: DEERFIELD BCH, FL 33442

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

Title: VPTD (X) Change () Addition
Name: BAUGH, THOMAS E T THOMAS
Address: 1082 SW 12TH TERRACE
City-St-Zip: BOCA RATON, FL 33486

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 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: THOMAS BAUGH

Electronic Signature of Signing Officer or Director

VP

10/26/2009

Date