


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90079 007 ***150.00

DOCUMENT # F01000004484

1. Entity Name
ZLB BIOPLASMA INC.



| | |
|--|--|
| Principal Place of Business 5201 CONGRESS AVE SUITE 220 BOCA RATON, FL 33487 US | Mailing Address 1020 FIRST AVE P.O. BOX 61501, ATTN: TAX DEPT. KING OF PRUSSIA, PA 19406 US |
|--|--|

40103220



02212007 No Chg-P CR2E034 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 74-2967974 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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: *Gregory Boss* Gregory Boss, Secretary 4-20-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | D |
| NAME | TURNER, PETER |
| STREET ADDRESS | 1020 FIRST AVE |
| CITY-ST-ZIP | KING OF PRUSSIA, PA 19406 |
| TITLE | <i>AD</i> |
| NAME | CIPA, ANTONI |
| STREET ADDRESS | 45 POPLAR ROAK |
| CITY-ST-ZIP | PARKVILLE, VICTORIA, AUSTRALIA, |
| TITLE | PD |
| NAME | NAYLOR, GORDON |
| STREET ADDRESS | 5201 CONGRESS AVE., STE. 220 |
| CITY-ST-ZIP | BOCA RATON, FL 33487 |
| TITLE | D |
| NAME | MCNAMEE, BRIAN |
| STREET ADDRESS | 45 POPLAR ROAK |
| CITY-ST-ZIP | PARKVILLE, VICTORIA, AUSTRALIA, |
| TITLE | <i>RS</i> |
| NAME | BOSS, GREGORY |
| STREET ADDRESS | 1020 FIRST AVE |
| CITY-ST-ZIP | KING OF PRUSSIA, PA 19406 |
| TITLE | <i>TS</i> |
| NAME | Keith Sheldon |
| STREET ADDRESS | 5201 Congress Ave. # 220 |
| CITY-ST-ZIP | Boca Raton, FL 33487 |

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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: *Gregory Boss* Gregory Boss, Secretary 4-20-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

610-878-4533