

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 400447

FILED
Apr 22, 2005
Secretary of State

Entity Name: MID-FLORIDA BIOLOGICALS, INC.

Current Principal Place of Business:

380 S. NORTH LAKE BLVD
SUITE 1024
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

380 S. NORTH LAKE BLVD
SUITE 1024
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-141597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLIFFORD, KAREN
331 N MAITOAND AVE D-6
MAITLAND, FL 32751 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: PCEO () Delete
Name: LANGSTAFF, JOHN
Address: 104 CHANCELLOR MATHESON RD
City-St-Zip: WINNIPEG, MB R3T 5Y3

Title: GM () Delete
Name: MCMILLAN, JOHN
Address: 26 HENLOW BAY
City-St-Zip: WINNIPEG, MB R3Y 1G4

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MCMILLAN, JOHN
Address: 104 CHANCELLOR MATHESON RD
City-St-Zip: WINNIPEG, MB R3Y 5Y3

Title: CFO () Change (X) Addition
Name: GRAHAM, MICHAEL
Address: 104 CHANCELLOR MATHESON RD
City-St-Zip: WINNIPEG, MB R3Y 5Y3

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL GRAHAM

CFO

04/22/2005

Electronic Signature of Signing Officer or Director

_____ Date