

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90015 009 ***150.00

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02092006 Chg-P CR2E034 (11/05)

DOCUMENT # F03000005261					
1. Entity Name IBIOLOGIC, INC.					
Principal Place of Business 6272 LEE VISTA BLVD ORLANDO, FL 32822			Mailing Address 6272 LEE VISTA BLVD ORLANDO, FL 32822		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-0325621				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOAN, BARRETT A		NAME	George Paz	
STREET ADDRESS	42 PORTLAND PLACE		STREET ADDRESS	147 Gay Avenue	
CITY-ST-ZIP	SAINT LOUIS, MO 63108		CITY-ST-ZIP	St. Louis, MO 63105	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEFFE, DOMINIC A		NAME	2206 Lake Crescent Ct.	
STREET ADDRESS	7101 TPC DR., STE. 150		STREET ADDRESS	Windermere, FL 34786	
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	VPTCOO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, DONALD D		NAME	3632 Beechtree	
STREET ADDRESS	7101-TPC-DR., STE.-150		STREET ADDRESS	Orlando FL 32835	
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Dom Meffe</u>		Date: <u>02-16-2006</u>		Daytime Phone #: <u>(407) 852-4903</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					