


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000002706
 1. Entity Name
STRATAGEN SYSTEMS, INC.



Principal Place of Business 12413 WILLOWS RD NE, SUITE 210 KIRKLAND, WA 98034	Mailing Address 12413 WILLOWS RD NE, SUITE 210 KIRKLAND, WA 98034
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07112007 No Chg-P CR2E034 (11/05)

4. FEI Number 91-1889511	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

ERB, GARRETT
 1040 S GLENCOE RD
 NEW SMYRNA BEACH, FL 32168

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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 _____ DATE 07/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HO, ALLEN P 19318 218TH PL NE WOODINVILLE, WA 98077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HO, WILLIAM P 10431 66TH PL W MUKILTEO, WA 98275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HO, LINDA 2308 PRICE WAY SAN JOSE, CA 95124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ DATE: 7.12.07 DAYTIME PHONE #: 425-821-8454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR