


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000040756
 1. Entity Name
AGRONIX, INC.



Principal Place of Business 1666 W 75 AVE 2ND FLR VANCOUVER, BC V6P 6G2 CA	Mailing Address 4750 TABLE MESA DR BOULDER, CO 80305-5541 US
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04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0664961	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WORLD WIDE CORPORATE SERVICES INC.
 1 FINANCIAL PLAZA
 #2626
 FT. LAUDERDALE, FL 33394

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BARNETT, PETER MR. 6842 ADERA ST VANCOUVER, BC V6P-5C3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAUFF, BRIAN MR. 797 EYREMOUNT DRIVE WEST VANCOUVER, BC V7S-2A3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYER, CHARLES J MR. 106 DESJARDINS ROAD ST. FRANCOIS XAVIER, MB R4L-1B6
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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 04/22/05-80083-011 158.75

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12. I hereby certify that the information supplied with this filing does not qualify 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 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, or all other like empowered.

SIGNATURE:  APRIL 15, 2005 604-714-1606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BRIAN HAUFF, PRESIDENT