2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# F00000006869

Entity Name: LIFECORE BIOMEDICAL, INC.

Current Principal Place of Business:

3515 LYMAN BLVD.
CHASKA, MN 55318

New Principal Place of Business:

Current Mailing Address:

3515 LYMAN BLVD.
CHASKA, MN 55318

New Mailing Address:

FEI Number: 41-0948334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D ( ) Delete
Name: GARDNER, JOAN L
Address: 4710 BOULEAU ROAD
City-St-Zip: SAINT PAUL, MN 55110

Title: PSD ( ) Delete
Name: ALLINGTON, DENNIS J
Address: 18759 FARMSTEAD CIRCLE
City-St-Zip: EDEN PRAIRIE, MN 55347

Title: D ( ) Delete
Name: GRIFFITH, LUTHER T
Address: 2639 ARDEN ROAD
City-St-Zip: ATLANTA, GA 30327

Title: D ( ) Delete
Name: PERKINS, RICHARD
Address: 1699 NORTH FARM RD.
City-St-Zip: LONG LAKE, MN 553569310

Title: D ( ) Delete
Name: GARRETT, THOMAS H
Address: 540 WENTWORTH AVENUE WEST
City-St-Zip: ST. PAUL, MN 55118

Title: D ( ) Delete
Name: RUNNELLS, JOHN
Address: 125 OLD TURNPIKE ROAD
City-St-Zip: OLDWICK, NJ 08858

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: EMERSON, MARTIN J
Address: 4659 FABLE HILL WAY NORTH
City-St-Zip: HUGO, MN 55038

Title: PSD (X) Change ( ) Addition
Name: ALLINGHAM, DENNIS J
Address: 18759 FARMSTEAD CIRCLE
City-St-Zip: EDEN PRAIRIE, MN 55347

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DENNIS J. ALLINGHAM PSD 01/05/2007

Electronic Signature of Signing Officer or Director Date