## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F02000005325

Entity Name: BIO-TEK STUFF, INC.

FILED Oct 24, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2395 APOPKA BLVD SUITE 100 APOPKA, FL 32703 **New Mailing Address: Current Mailing Address:** 2395 APOPKA BLVD SUITE 100 APOPKA, FL 32703 FEI Number: 16-1631750 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HEIDEMAN, ROBERT CHILDRESS, TODD 2395 APOPKA BLVD 2395 APOPKA BLVD APOPKA, FL 32704 US SUITE 100 APOPKA, FL 32703 US 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: TODD CHILDRESS 10/24/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change ( ) Addition ( ) Delete Title: HEIDEMAN, ROBERT HEIDEMAN, ROBERT Name: Name: 2395 APOPKA BLVD 2395 APOPKA BLVD, SUITE 100 Address: Address: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703 City-St-Zip: Title: Title: () Delete () Change () Addition Name: HOFFINGER, C. LORRAINE Name: 2239 EMBASSY DRIVE Address: Address: WEST PALM BEACH, FL 33401 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition **MCFO** CHILDRESS, TODD CHILDRESS, TODD Name: Name: 2395 APOPKA BLVD 2395 APOPKA BLVD, SUITE 100 Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703 Title: () Delete Title: () Change () Addition HOFFINGER, MARTIN Name: Name: Address: 2239 EMBASSY DR. Address: City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33401 Title: Title: () Delete SO ( ) Change (X) Addition TRAN, HUY Name: Name: Address: Address: 2395 APOPKA BLVD., SUITE 100 City-St-Zip: City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify 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: TODD CHILDRESS PT 10/24/2007