

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005325

FILED
Apr 30, 2009
Secretary of State

Entity Name: BIO-TEK STUFF, INC.

Current Principal Place of Business:

2395 APOPKA BLVD
SUITE 100
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2395 APOPKA BLVD
SUITE 100
APOPKA, FL 32703

New Mailing Address:

FEI Number: 16-1631750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHILDRESS, TODD
2395 APOPKA BLVD
SUITE 100
APOPKA, FL 32703 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: HOFFINGER, MARTIN
Address: 2239 EMBASSY DR.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S () Delete
Name: HOFFINGER, C. LORRAINE
Address: 2239 EMBASSY DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PT () Delete
Name: CHILDRESS, TODD
Address: 2395 APOPKA BLVD, SUITE 100
City-St-Zip: APOPKA, FL 32703

Title: COO () Delete
Name: NOGUES, JEAN-LUC
Address: 2395 APOPKA BLVD., SUITE 100
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date