


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000006542 1. Entity Name AMERICAN AGRI-BUSINESS INSURANCE COMPANY	
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FILED

08 MAR -6 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7101 82ND ST LUBBOCK, TX 79424	Mailing Address 7101 82ND ST LUBBOCK, TX 79424
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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02272008 Chg-P CR2E034 (12/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 74-1556924	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
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 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP <input type="checkbox"/> Delete SCHEEF, SAMUEL R 7101 82ND ST LUBBOCK, TX 79424	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input type="checkbox"/> Addition 700121257807 03/25/08--01058--010 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete ETHEREDGE, TED 7101 82ND ST LUBBOCK, TX 79424	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST <input checked="" type="checkbox"/> Delete TEAGUE, DAVID L 7101 82ND ST LUBBOCK, TX 79424	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NOGA, ANDREW L. 750 3RD AVE NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete SMITH, MICHAEL W 7101 82ND ST LUBBOCK, TX 79424	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MCGUIRE, MICHAEL J. 750 3RD AVE NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO <input type="checkbox"/> Delete JONES, MICHAEL W 7101 82ND ST LUBBOCK, TX 79424	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete ETHEREDGE, TED 7101 82ND ST LUBBOCK, TX 79424	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CASH, DAVID S. 750 3RD AVE NEW YORK, NY 10017

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 lines empowered.

SIGNATURE: _____ DATE: **2/27/08** DAYTIME PHONE: **(804) 473-0341**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR