

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002226

Entity Name: PASTEURIA BIOSCIENCE, INC.

FILED
Apr 01, 2008
Secretary of State

Current Principal Place of Business:

12085 RESEARCH DRIVE, SUITE 185
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

12085 RESEARCH DRIVE, SUITE 185
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 55-0832291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, KELLY S
12085 RESEARCH DRIVE, SUITE 185
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

DUNCAN, DAVID N
12085 RESEARCH DRIVE, SUITE 185
ALACHUA, FL 32615 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: DAVID N. DUNCAN

04/01/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, KELLY S
Address: 12085 RESEARCH DRIVE, SUITE 185
City-St-Zip: ALACHUA, FL 32615

Title: S () Delete
Name: DUPRE, MARC S
Address: 610 LINCOLN STREET, 3RD FLOOR
City-St-Zip: WALTHAM, MA 02451

Title: D (X) Delete
Name: COCKSHUTT, TIMOTHY G
Address: 12085 RESEARCH DRIVE, SUITE 185
City-St-Zip: ALACHUA, FL 32615

Title: D (X) Delete
Name: KERN, AL
Address: 12085 RESEARCH DRIVE, SUITE 185
City-St-Zip: ALACHUA, FL 32615

Title: D (X) Delete
Name: MOLLOY, RICHARD
Address: 12085 RESEARCH DRIVE, SUITE 185
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: DUNCAN, DAVID N
Address: 12085 RESEARCH DRIVE, SUITE 185
City-St-Zip: ALACHUA, FL 32615

Title: CTO (X) Change () Addition
Name: SMITH, KELLY S
Address: 12085 RESEARCH DRIVE, SUITE 185
City-St-Zip: ALACHUA, FL 32615

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: DAVID N. DUNCAN

CEO

04/01/2008

Electronic Signature of Signing Officer or Director

Date