CITY - ST - ZIP

2005 LIMITED LIABILITY COMPANY

FILED AM

| ANNUAL REPORT | | | Jan 31, 2005 08:00 A Secretary of State | |
|---|---|------------------------------|--|--|
| DOCUMENT # M0400001634 | | | | |
| 1. Entity Nam PAN AME | erican bio technologies, llc | | | |
| | | | | |
| Principal Place of Business Mailing Address | | | | |
| | WILLIAMS ST., STE, 204 1000 EAST WILLIAMS ST., ST Y, NV 89701 CARSON CITY, NV 89701 | 204 | | |
| Gracon dir | | | | |
| | | <u></u> | | |
| DO NOT WRITE IN THIS SPAC | | CF | 04000005N- Cha 11 C | |
| | | | 01262005 No Chg-LLC CR2E083 (10/03) | |
| | | . C. J. | 4. FEI Number Applied For 91-2043865 Not Applicable | |
| | | | 5. Certificate of Status Desired Spee Regulred Fee Regulred | |
| | Name and Address of Current Registered Agent | | , 00 1034.00 | |
| WATSON, CLIFFORD 4101 MCCLELLAN RD. | | | DO NOT WOITE | |
| | | | DO NOT WRITE | |
| PENSACOLA, FL 32503 | | | IN THIS SPACE | |
| | | | | |
| | e named entity submits this statement for the purpose of changing its register tions of registered agent. | ered office or register | red agent, or both, in the State of Florida I am familiar with, and accept | |
| | itoris of registered agent. | | | |
| SIGNATURE. | Signature typed or printed name of registered agent and title if applicable (NOTE, Register | red Agent signature required | a Afren remstating! CATE | |
| F. | iling Fee is \$50.00 ue by May 1, 2005 | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | |
| TITLE | MGRM | | | |
| NAME STHEET ADDRESS | SAWDON, STEPHEN 1000 EAST WILLIAMS ST., STE, 204 | | 000000206721 02/01/05-80016-018 50.00 | |
| CITY-ST-ZIP | CARSON CITY, NV 89701 | _ | 02/01/05-80016-018 50.00 | |
| TITLE NAME | | | | |
| STREET ADDRESS | | | | |
| TITLE | 7 | 4 | | |
| NAME | | 1 | | |
| STREET ADDRESS CITY-ST-ZIP | | | DO NOT WRITE IN THIS SPACE | |
| TITLE | | † | | |
| NAME STREET ADDRESS | | 1 | IN THIS STAGE | |
| CITY+ST-ZIP | | | | |
| TITLE | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | 4 | | |
| NAME | | | | |
| STREET ADDRESS | | 1 | | |

SIGNATURE: May W Jewish
SIGNATURE AND TYPEGOR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

11. Thereby cortily that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes