2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001291

FILED Apr 27, 2009 Secretary of State

Entity Name: AGRICULTURAL INNOVATIONS & RESEARCH, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

16 PORT ROYAL WAY

PENSACOLA, FL 325025774 US

Current Mailing Address: New Mailing Address:

16 PORT ROYAL WAY PENSACOLA, FL 325025774 US

FEI Number: 59-3388600 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:

HOVANESIAN, ARCHIBOLD JR ESQ

16 PORT ROYAL WAY

16 PORT ROYAL WAY

PENDAGOLA FL 205025774 LIC

PENSACOLA, FL 325025774 US PENSACOLA, FL 325025774 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: ARCHIBALD HOVANESIAN, JR. 04/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS () Delete Title: DS (X) Change () Addition Name: HOVANESIAN, ARCHIBALD JR Name: HOVANESIAN, ARCHIBALD JR Address: 16 PORT ROYAL WAY Address: 16 PORT ROYAL WAY
City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: PENSACOLA, FL 325025774

Title: DP () Delete Title: D (X) Change () Addition Name: HOVANESIAN, JOHN C Name: HOVANESIAN, JOHN C

 Address:
 5951 OGLESBY RD
 Address:
 5951 OGLESBY RD

 City-St-Zip:
 MILTON, FL
 City-St-Zip:
 MILTON, FL

Title: D () Delete Title: () Change () Addition

 Name:
 HARPER, JOHN
 Name:

 Address:
 5230 WILLING ST
 Address:

 City-St-Zip:
 MILTON, FL 32570
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARCHIBALD HOVANESIAN, JR. DS 04/27/2009