2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000173011

Entity Name: AGRISURE INC.

FILED Apr 16, 2007 Secretary of State

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

35A ATLANTIC OAKS CIRCLE 211 BIG OAK ROAD

ST. AUGUSTINE, FL 32080 US ST. AUGUSTINE, FL 32095 US

Current Mailing Address: New Mailing Address:

1093 A1A BEACH BLVD. 211 BIG OAK ROAD

#534 ST. AUGUSTINE, FL 32095 US

#334 ST. AUGUSTINE, FL 32080 US

FEI Number: 42-1655413 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:

BRANNEN, BRUCE D
35A ATLANTIC OAKS CIRCLE
BRANNEN, BRUCE D
211 BIG OAK ROAD

ST. AUGUSTINE, FL 32080 US ST. AUGUSTINE, FL 32095 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: BRUCE BRANNEN 04/16/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PRES
 () Delete
 Title:
 PRES
 (X) Change () Addition

 Name:
 BRANNEN, BRUCE D
 Name:
 BRANNEN, BRUCE D

 Address:
 35A ATLANTIC OAKS CIRCLE
 Address:
 211 BIG OAK ROAD

 City-St-Zip:
 ST. AUGUSTINE, FL 32080 US
 City-St-Zip:
 ST. AUGUSTINE, FL 32095 US

Title: VP () Delete Title: VP (X) Change () Addition

Name: BRANNEN, TAMMY M Name: BRANNEN, TAMMY M

Address: 35A ATLANTIC OAKS CIRCLE Address: 211 BIG OAK ROAD
City-St-Zip: ST. AUGUSTINE, FL 32080 US City-St-Zip: ST. AUGUSTINE, FL 32095 US

I hereby certify that the information supplied with this filing does not qualify for the 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: TAMMY BRANNEN VP 04/16/2007