


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

05-11-2007 90026 047 ***558.75

DOCUMENT # P06000046845	
1. Entity Name BIO-REPELLANT TECHNOLOGIES, INC.	

Principal Place of Business 2033 MAIN ST STE. 400 SARASOTA, FL 34237 US	Mailing Address 2033 MAIN ST STE. 400 SARASOTA, FL 34237 US
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66019598



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052007 Chg-P CR2E034 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWN, MICHAEL G ESQ 2033 MAIN ST STE. 400 SARASOTA, FL 34237		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent Signature required when removing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BADOLATO, ANDREW			NAME			
STREET ADDRESS	2033 MAIN ST, STE. 400			STREET ADDRESS			
CITY- ST- ZIP	SARASOTA, FL 34237			CITY- ST- ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEST, DAVID L			NAME			
STREET ADDRESS	2033 MAIN ST, STE. 400			STREET ADDRESS			
CITY- ST- ZIP	SARASOTA, FL 34237			CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORAN, RON			NAME			
STREET ADDRESS	2033 MAIN ST, STE. 400			STREET ADDRESS			
CITY- ST- ZIP	SARASOTA, FL 34237			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

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 like empowered.

SIGNATURE: David West 5/8/07 941-925-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone