2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000091803

Entity Name: PROTALIX BIOTHERAPEUTICS, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1428 BRICKELL AVENUE SUITE 105 MIAMI, FL 33131				2 SNUNIT STREET, SCIENCE PARK #455 CARMIEL, IS 20100 IS		
Current Mailing Address:				New Mailing Address:		
1428 BRICKELL AVENUE SUITE 105 MIAMI, FL 33131				2 SNUNIT STREET, SCIENCE PARK #455 CARMIEL, IS 20100 IS		
FEI Number: 65-0643773 FEI Number Applied For () FEI Number		FEI Nun	nber Not Appl	icable () Ce	rtificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
HALPRYN, GLENN 1428 BRICKELL AVENUE SUITE 105 MIAMI, FL 33131 US				CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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: KIMBERLY B. MORET				04/27/2007		
Electronic Signature of Registered Agent						Date
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () Delete SILVER, NOAH 1428 BRICKELL AVENUE SUITE 105 MIAMI, FL 33131			Title: Name: Address: City-St-Zip:	AVIEZER, DAVID	ange()Addition SCIENCE PARK, #455 0 IS
Title: Name: Address: City-St-Zip:	WEISBERG, AL	Y TRAIL SUITE 220		Title: Name: Address: City-St-Zip:	MAIMON, YOSSI	ange () Addition SCIENCE PARK, #455 0 IS
Title: Name: Address: City-St-Zip:	PSD () HALPRYN, GLE 1428 BRICKELL MIAMI, FL 3313	AVE STE 105		Title: Name: Address: City-St-Zip:	SHAALTIEL, YOSE 2 SNUNIT STREET,	SCIENCE PARK, #455
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () Cha BRONFELD, ZEEV 2 SNUNIT STREET, CARMIEL, IS 2010	SCIENCE PARK, #455
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	BAR-SHALEV, AMO	SCIENCE PARK, #455
Title: Name:	()	Delete		Title: Name:	D () Cha	ange (X) Addition SHARON

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.

Address:

City-St-Zip:

SIGNATURE: YOSSI MAIMON S 04/27/2007

Address:

City-St-Zip:

2 SNUNIT STREET, SCIENCE PARK, #455

CARMIEL, IS 20100 IS