
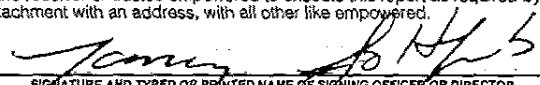


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000002710		
1. Entity Name AGRI-BIO, INC.		
Principal Place of Business 1045 KANE CONCOURSE 205 BAY HARBOR, FL 33154		Mailing Address 1045 KANE CONCOURSE 205 BAY HARBOR, FL 33154
DO NOT WRITE IN THIS SPACE		
		01242007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0640440		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GOLDFARB, NANCY 1045 KANE CONCOURSE 205 BAY HARBOR, FL 33154		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	GOLDFARB, NANCY	
STREET ADDRESS	1045 KANE CONCOURSE	
CITY- ST- ZIP	BAY HARBOR, FL 33154	
TITLE	VP	
NAME	DANZIGER, ROBERT	
STREET ADDRESS	8545 ARJONS DR, SUITE B	
CITY- ST- ZIP	SAN DIEGO, CA 92126	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
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: 		1/29/07 305-864-3677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #