

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000154469

FILED
Nov 08, 2007
Secretary of State

Entity Name: ADVANCED GENETIC TECHNOLOGIES, INC.

Current Principal Place of Business:

2109 EAST PALM AVE.
TAMPA, FL 33605 US

New Principal Place of Business:

4236 LONGRIDGE AVE
SUITE 302
STUDIO CITY, CA 91604 US

Current Mailing Address:

2109 EAST PALM AVE.
TAMPA, FL 33605 US

New Mailing Address:

P.O. BOX 66
GLORIETA, NM 87535 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

REIBER, SAM
2109 EAST PALM AVE.
202
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

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: SAM REIBER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: EDELSON, JOEL
Address: 2109 EAST PALM AVE.
City-St-Zip: TAMPA, FL 33605 US

Title: VP/S () Delete
Name: SCHAEHLER, DOUG
Address: 2109 EAST PALM AVE.
City-St-Zip: TAM PA, FL 33605 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: ALLEN, ALLEN D CEO,PRE
Address: P.O. BOX 66
City-St-Zip: GLORIETA, NM 87535 US

Title: VP/S (X) Change () Addition
Name: ALLEN, CORINNE
Address: P.O. BOX 66
City-St-Zip: GLORIETA, NM 87535 US

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.

SIGNATURE: CORINNE ALLEN

Electronic Signature of Signing Officer or Director

VP/S

11/08/2007

Date