



**required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned**  
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
common stock option	\$ 3.5	11/30/2004		A	100,543 <u>(1)</u>	11/30/2005	11/30/2014	common stock	100,543

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GLENN SCOTT L 6402 CARDENO DRIVE LA JOLLA, CA 92037	X	X	Chairman, President and CEO	

## Signatures

/s/g/ 12/03/2004  
 \*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Reflects 1 for 50 Reverse Stock Split.
- (2) Issued pursuant to that Asset Purchase Agreement entered into between Company and AF Holdings, LLC (formerly Allergy Free, LLC).
- (3) Issued pursuant to a private placement offering.
- (4) Compensation for serving as President and CEO.

### Remarks:

Amendment to 12/01/2004 Form 4 Filing to reflect post reverse split number of derivative securities beneficially owned following  
 Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.  
 Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.