2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P00000009132

Entity Name: LUMIGENE CORPORATION

Current Principal Place of Business:

1177 GEORGE BUSH BLVD., SUITE 308
DELRAY BEACH, FL 33483

New Principal Place of Business:

8390 WOLF LAKE DRIVE
BARTLETT, TN 38133

Current Mailing Address:

1177 GEORGE BUSH BLVD., SUITE 308
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-0981503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STILLMAN, L. VAN
1177 GEORGE BUSH BLVD., SUITE 308
DELRAY BEACH, FL 33483

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SANI, MIRI
Address: 1177 GEORGE BUSH BLVD. SUITE 308
City-St-Zip: DELRAY BEACH, FL 33483

Title: S (X) Delete
Name: FREUND, JOEL
Address: 1177 GEORGE BUSH BLVD. SUITE 308
City-St-Zip: DELRAY BEACH, FL 33483

Title: T (X) Delete
Name: LEVINE, YAACOV
Address: 1177 GEORGE BUSH BLVD. SUITE 308
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: ADCOCK, BERT
Address: 8390 WOLF LAKE DRIVE
City-St-Zip: BARTLETT, TN 38133

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BERT ADCOCK P 04/29/2004

Electronic Signature of Signing Officer or Director — Date