

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90048 025 ***150.00

40016267



DOCUMENT # P03000140767					
1. Entity Name THERAGEN INTERNATIONAL, INC.					
Principal Place of Business 3117 SE 17TH AVE CAPE CORAL, FL 33904-4089			Mailing Address 3117 SE 17TH AVE CAPE CORAL, FL 33904-4089		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MALTBY, RICHARD 3117 SE 17TH AVE CAPE CORAL, FL 33904-4089				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALTBY, RICHARD		NAME	Maltby, Richard	
STREET ADDRESS	3117 SE 17TH AVE		STREET ADDRESS	3114 SE 17th Ave.	
CITY-ST-ZIP	CAPE CORAL, FL 339044089		CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINSTEIN, BERNARD		NAME	Barash, Theodore	
STREET ADDRESS	1900 CONSULATE PLACE		STREET ADDRESS	16879 Isle of Palms Dr.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARASH, THEODORE		NAME	Weinstein, Bernard	
STREET ADDRESS	16879 ISLE OF PALMS DR		STREET ADDRESS	1900 Consulate Place	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information applied with this filing does not qualify 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 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:			RICHARD V. MALTBY		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			2-2-05 239 945 3630		
			Daytime Phone #		