

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140767

FILED
Jan 04, 2006
Secretary of State

Entity Name: THERAGEN INTERNATIONAL, INC.

Current Principal Place of Business:

3117 SE 17TH AVE
CAPE CORAL, FL 339044089

New Principal Place of Business:

Current Mailing Address:

3117 SE 17TH AVE
CAPE CORAL, FL 339044089

New Mailing Address:

FEI Number: 32-0100470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALTBY, RICHARD
3117 SE 17TH AVE
CAPE CORAL, FL 339044089 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MALTBY, RICHARD
Address: 3117 SE 17TH AVE
City-St-Zip: CAPE CORAL, FL 339044089

Title: D () Delete
Name: WEINSTEIN, BERNARD
Address: 1900 CONSULATE PLACE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: BARASH, THEODORE
Address: 16879 ISLE OF PALMS DR
City-St-Zip: DELRAY BEACH, FL 33484

Title: P () Delete
Name: MALTBY, RICHARD
Address: 3114 SE 17TH AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: SV () Delete
Name: BARASH, THEODORE
Address: 16879 ISLE OF PALMS DR
City-St-Zip: DELRAY BEACH, FL 33484

Title: T/C () Delete
Name: WEINSTEIN, BERNARD
Address: 1900 CONSULATE PLACE
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: R. MALTBY

P

01/04/2006

Electronic Signature of Signing Officer or Director

_____ Date