2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000512

Entity Name: IVIGENE CORPORATION

FILED Jan 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13700 PROGRESS BLVD ALACHUA, FL 32615

Current Mailing Address: New Mailing Address:

13700 PROGRESS BLVD ALACHUA, FL 32615

FEI Number: 59-3632646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOPONIS, MENTU A

12085 RESEARCH DRIVE
ALACHUA, FL 32615 US

ZAHRADNIK, ROBERT T

532 SW 117TH STREET

GAINESVILLE, FL 32607 US

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: ROBERT T. ZAHRADNIK 01/11/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PSTD (X) Change () Addition Name: SOPONIS, MENTO A Name: ZAHRADNIK, ROBERT T Address: 13700 PROGRESS BLVD Address: 532 SW 117TH STREET

 Address:
 13700 PROGRESS BLVD
 Address:
 532 SW 117TH STREET

 City-St-Zip:
 ALACHUA, FL 32615
 City-St-Zip:
 GAINESVILLE, FL 32607

Title: VST () Delete Title: CD (X) Change () Addition Name: ZAHRADNIK, RUBERT Name: PROGULSKE-FOX, ANN

Address: 119 ASHLES LANE Address: 6392 COUNTY ROAD 214
City-St-Zip: SEARCY, AR 72143 City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete Title: D (X) Change () Addition

 Name:
 HILLMAN, JEFFREY D
 Name:
 HILLMAN, JEFFREY D

 Address:
 13700 PROGRESS BLVD
 Address:
 6424 SW 26TH PLACE

 City-St-Zip:
 ALACHUA, FL 32615
 City-St-Zip:
 GAINESVILLE, FL 32608

Title: CD (X) Delete Title: () Change () Addition

 Name:
 PROGULSKY-FOX, ANN
 Name:

 Address:
 COLLEGE OF DENTISTRY
 Address:

 City-St-Zip:
 GAINESVILLE, FL
 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: ROBERT T. ZAHRADNIK PSTD 01/11/2006