2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002361

Entity Name: MGEN SERVICES CORP.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2510 N. RED HILL AVENUE SUITE 230 SANTA ANA, CA 92705 **Current Mailing Address: New Mailing Address:** C/O MADELINE BAREWALD 17911 VON KARMAN AVE., SUITE 300 IRVINE, CA 92614 FEI Number: 33-0956193 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: TCS CORPORATE SERVICES, INC. 515 E. PARK AVE TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HERSHKOWITZ, BRIAN F HERSHKOWITZ, BRIAN F Name: Name: 601 RIVERSIDE AVE. 601 RIVERSIDE AVE. Address: Address: JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 City-St-Zip: City-St-Zip: Title: SVPS Title: () Delete (X) Change () Addition JOHNSON, TODD C Name: Name: JOHNSON, TODD C 601 RIVERSIDE AVE 601 RIVERSIDE AVE Address: Address: JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition FARENGA, PATRICK FARENGA, PATRICK Name: Name: 601 RIVERSIDE AVE. 601 RIVERSIDE AVE. Address: Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: JACKSONVILLE, FL 32204 Title: () Delete Title: DCEO () Change (X) Addition DEWEY, EDWARD J Name: Name: Address: Address: 601 RIVERSIDE AVE. City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32204 Title: Title: DCFO () Change (X) Addition () Delete PARK, ANTHONY J Name: Name: Address: Address: 601 RIVERSIDE AVE City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32204

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: TODD C JOHNSON SVPS 04/26/2006