

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002496

Entity Name: IMMUNO-GENIC CORPORATION

FILED
Mar 24, 2005
Secretary of State

Current Principal Place of Business:

101 NORTH WOODLAND BLVD.,
STE B
DELAND, FL 32720

New Principal Place of Business:

101 NORTH WOODLAND BLVD.,
STE B
DELAND, FL 32720

New Mailing Address:

FEI Number: 01-0627980 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARELLO, JOSEPH
101 NORTH WOODLAND BLVD., BOX 1
DELAND, FL 32720 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: PTCD () Delete
Name: BROWN, MARY
Address: 101 NORTH WOODLAND BLVD., BOX 1
City-St-Zip: DELAND, FL 32720

Title: SD () Delete
Name: CARELLO, JOSEPH
Address: 101 NORTH WOODLAND BLVD., BOX 1
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: BRADFORD, WILLIAM K D.V.M.
Address: 18414 WEBSTER HILL ROAD
City-St-Zip: UMATILLA, FL 32784

Title: D () Delete
Name: STORTI, SUSAN ANN PHD, RN
Address: 87 TWEED ST
City-St-Zip: CRANSTON, RI 02920

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied 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 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: MARY BROWN

PTCD

03/24/2005

Electronic Signature of Signing Officer or Director

Date