2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005899

OTTEVAERE, WIM

GENT, BG 9052 BG

TECHNOLOGIC PARK 6

Name:

Address:

City-St-Zip:

Entity Name: INNOGENETICS, INC.

FILED May 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2580 WESTSIDE PARKWAY, SUITE 400 ALPHARETTA, GA 30004 **Current Mailing Address: New Mailing Address:** 2580 WESTSIDE PARKWAY, SUITE 400 ALPHARETTA, GA 30004 FEI Number: 58-2404586 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: CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A 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: PRFS () Delete Title: () Change () Addition MAGREZ, PAUL Name: Name: **TECHNOLOGIC PARK 6** Address: Address: City-St-Zip: GENT, BG 9052 BG City-St-Zip: Title: MG D Title: () Delete () Change () Addition Name: HAYDUK, RAY Name: 2580 WESTSIDE PARKWAY, SUITE 400 Address: Address: ALPHARETTA, GA 30004 US City-St-Zip: City-St-Zip: () Delete Title: Title: TRFA () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: J A JACOBSEN CONT 05/30/2007