2006 FOR PROFIT CORPORATION (\*\* ANNUAL REPORT (AR)

SIGNATURE: GREGORY H. JOYTHE I MELY SIGNING OFFICER ON DIRECTOR

DOCU 1. Entity Nam EPIGENE				Mar 06, 2006 08:00 AM Secretary of State
Principal Place of Business		Mailing Address		·
150 N. FEDERAL HWY. SUITE 210 FT. LAUDERDALE FL 33301		150 N. FEDERAL HWY. SUITE 210 FT. LAUDERDALE FL 3:	3301	
2. Principal Place of Business		3. Mailing Address		1 SANSAGE SAME COURT PROOF BOOK BOOK SAME SAME SAME SAME SAME SAME SAME SAME
Suite. Apt. II., etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-2267255 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
- <del>-</del> · · · <del></del> · · · <del></del> ·			Name	
JAXTHEIMER, GREGORY H 924 S RIO VISTA BLVD FORT LAUDERDALE FL 33316			Street Address	(P.O. Box Number is Not Acceptable)
			City	- FL Zip Code
8. The above named entity submits this statement for the number of changing its registered affine or register			- <del>-</del>	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE				
Suprimure hyperal or primod name of registered agent and title if applicable (NOTE Registered Agent signature (equited when reinstating))  DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing \$5.00 May Inst Fund Contribution.  Added to Fee				
<del></del>			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
LILFE	DP	☐ Delete	RRLE	UDDDDD458847 Change Addition
NAME	JAXTHEIMER, GREGORY H		NAME	03/17/06-80027-023 150.00
STREET ACCIDESS	924 S RIO VISTA BLVD FORT LAUDERDALE FL 33316		STREET ADDRESS CITY-ST-27P	
IME		☐ Defete	TIFLE	☐ Crange ☐ Addition
NAME		Driete	NAME	CI Grange Circumon
STREET ADDRESS			STREET ADDRESS	
CJIY-SI-ZIP			City-St-Zip	
HTLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	:
CISY-ST-ZIP			City-St-ZiP	
TITLE		C Delete	PILE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CHY-ST-77P			GITY-ST- AP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY+ST+ZIP			STREET ADDRESS CITY-ST-ZIP	
3)11,5		□ Delete	3.11.7	☐ Change ☐ Addition
NAME			NAME	- Charles
STREET ADDRESS CITY-ST-ZIP			STRELI ADDRESS	
	certify that the information countied with	this filing does not purify for	CHY-ST-ZIP	and in Contino 14D Florida Catalana ( f. 1)
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature affait 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				

3/2/54 954-763-6300