


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90068 017 \*\*\*158.75

<b>DOCUMENT # F94000001691</b>			
1. Entity Name <b>IXION BIOTECHNOLOGY, INC.</b>			
Principal Place of Business <b>13709 PROGRESS BLVD. BOX 13 ALACHUA FL 32615 US</b>		Mailing Address <b>13709 PROGRESS BLVD. BOX 13 ALACHUA FL 32615 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3174033</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>CSC THE UNITED STATES CORP CO. SUITE 105 1201 HAYS STREET TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIDHU, HARMEET <input type="checkbox"/> Delete 5611 NW 42ND RD GAINESVILLE FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CLARENCE C. LEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5400 NW 39TH AVE, Apt. AA 250 GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PECK, AMMON B DR <input type="checkbox"/> Delete 9311 SW 43RD LANE GAINESVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ALBERT G. FOSMOE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3710 SW 84th ST. GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SNOW, THEODORE L <input type="checkbox"/> Delete 4722 SW 67TH TERRACE GAINESVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECK, DAVID C <input type="checkbox"/> Delete 30 PHEASANT RUN NEW HOPE PA 18938	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AILSTOCK, JANET P <input checked="" type="checkbox"/> Delete 2615 NW 5TH PL GAINESVILLE FL 32607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDSTROM, HAKAN S <input type="checkbox"/> Delete 23312 HAPPY VALLEY DR NEWHALL CA 91321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Harmeet Sidhu* **HARMEET SIDHU** 1/26/05 386.418.1428  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone  
Ext. 310