2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005
Secretary of State

DOCUMENT# P01000000981

Entity Name: GENOMED, INC.

Current Principal Place of Business:

9666 OLIVE BLVD.
SUITE 310
SAINT LOUIS, MO 63132

New Principal Place of Business:

Current Mailing Address:

9666 OLIVE BLVD.
SUITE 310
SAINT LOUIS, MO 63132

New Mailing Address:

FEI Number: 43-1916702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHEPPS, MITCHELL D
777 SOUTH FLAGLER DR.
STE. 600E
WEST PALM BEACH, FL 33401 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: PCEO ( ) Delete
Name: MOSKOWITZ, DAVID W
Address: 909 S TAYLOR
City-St-Zip: SAINT LOUIS, MO 63110

Title: D ( ) Delete
Name: BROOKS, PETER C
Address: 909 S. TAYLOR AE, STE 314
City-St-Zip: SAINT LOUIS, MO 63110

Title: SD ( ) Delete
Name: KRANITZ, RICHARD A
Address: 909 S. TAYLOR AVE, STE 314
City-St-Zip: SAINT LOUIS, MO 63110

Title: CFO ( ) Delete
Name: OWENS, ROBIN L
Address: 909 S TAYLOR
City-St-Zip: SAINT LOUIS, MO 63110

Title: CSO ( ) Delete
Name: HEMPEN, PAULA M
Address: 909 S TAYLOR
City-St-Zip: SAINT LOUIS, MO 63110

Title: CTO ( ) Delete
Name: O'GUEN, ANDREW K
Address: 909 S TAYLOR
City-St-Zip: SAINT LOUIS, MO 63110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition
Name: MOSKOWITZ, DAVID W
Address: 9666 OLIVE BLVD. SUITE 310
City-St-Zip: SAINT LOUIS, MO 63132

Title: D (X) Change ( ) Addition
Name: BROOKS, PETER C
Address: 9666 OLIVE BLVD. SUITE 310
City-St-Zip: SAINT LOUIS, MO 63132

Title: SD (X) Change ( ) Addition
Name: KRANITZ, RICHARD A
Address: 9666 OLIVE BLVD SUITE 310
City-St-Zip: SAINT LOUIS, MO 63132

Title: CFO (X) Change ( ) Addition
Name: OWENS, ROBIN L
Address: 9666 OLIVE BLVD SUITE 310
City-St-Zip: SAINT LOUIS, MO 63132

Title: CSO (X) Change ( ) Addition
Name: HEMPEN, PAULA M
Address: 9666 OLIVE BLVD SUITE 310
City-St-Zip: SAINT LOUIS, MO 63132

Title: CTO (X) Change ( ) Addition
Name: O'GUIN, ANDREW K
Address: 9666 OLIVE BLVD SUITE 310
City-St-Zip: SAINT LOUIS, MO 63132

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBYN L. OWENS CFO 01/26/2005

Electronic Signature of Signing Officer or Director — Date