2005 FOR PROFIT CORPORATION

Mar 30, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P01000091207 1. Entity Name THE I GEN GROUP, INC. Mailing Address Principal Place of Business 1001 YAMATO RD 1001 YAMATO RD STE 306 STE 306 BOCA RATON, FL 33431 BOCA RATON, FL 33431 03282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1141499 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HCRM CORP. DO NOT WRITE 2200 CORPORATE BLVD., NW. SUITE 401 BOCA RATON, FL. 33431 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title II applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME RUNNING, TERRYLL C PRESIDE 1001 YAMATO RD #306 STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP TITLE NAME 03/30/05-80015-023 158.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 path; 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.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED