
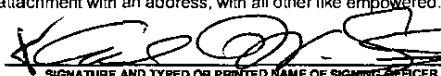


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90293 021 ***150.00

DOCUMENT # P03000041957 1. Entity Name THE NGEN WORKS COMPANY																								
Principal Place of Business 10644 SCOTT MILL ROAD JACKSONVILLE, FL 32223		Mailing Address 10644 SCOTT MILL ROAD JACKSONVILLE, FL 32223																						
2. Principal Place of Business 1807 Hendricks Ave Suite, Apt. #, etc.		3. Mailing Address 1807 Hendricks Ave Suite, Apt. #, etc.																						
City & State Jacksonville, FL		City & State Jacksonville, FL																						
Zip 32207		Zip 32207																						
Country		Country																						
4. FEI Number 86-1056380		Applied For <input type="checkbox"/> Not Applicable																						
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																						
6. Name and Address of Current Registered Agent SMITH, CARL W 10644 SCOTT MILL ROAD JACKSONVILLE, FL 32223		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																						
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 _____																								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																						
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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: 		4/15/04 (904) 728-8539																						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																						