

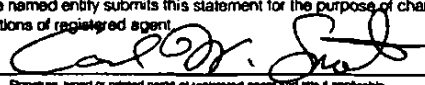



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

03-27-2007 90012 006 ***150.00

DOCUMENT # P03000041957			
1. Entity Name THE NGEN WORKS COMPANY			
Principal Place of Business 1807 HENDRICKS AVE JACKSONVILLE, FL 32207		Mailing Address 1807 HENDRICKS AVE JACKSONVILLE, FL 32207	
DO NOT WRITE IN THIS SPACE			
		02032007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 85-1056380	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		DO NOT WRITE 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:  DATE: 3/15/07 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-electing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, CARL W 10644 SCOTT MILL ROAD JACKSONVILLE, FL 32223		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 4/11/07 DAYTIME PHONE: 9046518757 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			