


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000057896

1. Entity Name
XYGEN, INC.



Principal Place of Business Mailing Address

3561 PALMER DR **3561 PALMER DR**
TITUSVILLE, FL 32780 US **TITUSVILLE, FL 32780 US**

DO NOT WRITE IN THIS SPACE



03302006 No Chg-P CRZE034 (11/05)

4. FEI Number
43-2017598 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BIRNHAK, BARRY J
3561 PALMER DR
TITUSVILLE, FL 32780

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDCM
NAME	ABBLETT, GISELA D
STREET ADDRESS	3561 PALMER DR
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	VFOV
NAME	BIRNHAK, BARRY J
STREET ADDRESS	3561 PALMER DR
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	BIRNHAK, BARRY J
STREET ADDRESS	3561 PALMER DR
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	SD
NAME	BURKEY, DAVID J
STREET ADDRESS	3561 PALMER DR
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ **3/30/06** (321) 867-3750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #