
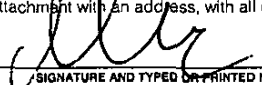


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90048 025 \*\*\*150.00

|  |  |         |   |   |  |
|--|--|---------|---|---|--|
| <b>DOCUMENT # P03000140767</b><br>1.. Entity Name<br><b>THERAGEN INTERNATIONAL, INC.</b>   |  |         |   |    |  |
| Principal Place of Business<br><b>3117 SE 17TH AVE<br/>CAPE CORAL, FL 33904-4089</b>   |  |         | Mailing Address<br><b>3117 SE 17TH AVE<br/>CAPE CORAL, FL 33904-4089</b>  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |         | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |
| City & State   |  |         | City & State  |   |  |
| Zip  |  | Country |   | Zip   |  |
| Country  |  | Country |   | 4. FEI Number<br><b>32-0100470</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |         |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>MALTBY, RICHARD<br/>3117 SE 17TH AVE<br/>CAPE CORAL, FL 33904-4089</b>   |  |         |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |  |
| 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.  |  |         |   | FL Zip Code   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |         |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>  |  |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MALTBY, RICHARD<br>3117 SE 17TH AVE<br>CAPE CORAL, FL 339044089 <input type="checkbox"/> Delete         |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>Maltby, Richard<br>3114 SE 17th Ave.<br>Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WEINSTEIN, BERNARD<br>1900 CONSULATE PLACE<br>WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S/V<br>Barash, Theodore<br>16879 Isle of Palms Dr.<br>Delray Beach, FL 33484 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BARASH, THEODORE<br>16879 ISLE OF PALMS DR<br>DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete    |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T/C<br>Weinstein, Bernard<br>1900 Consulate Place<br>West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information applied 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. |  |         |   |   |  |
| <b>SIGNATURE:</b>   |  |         | <b>RICHARD V. MALTBY</b>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |         | Date <b>2-2-05</b> Daytime Phone # <b>239 945 3630</b>  |   |  |

40016267



02022005 Chg-P CR2E034 (10/03)