


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90107 028 ***150.00

DOCUMENT # P04000021225					
1. Entity Name IMIGENE, INC.					
Principal Place of Business 2780 EAST VINA DEL MAR ST PETERSBURG BEACH, FL 33706			Mailing Address 2780 EAST VINA DEL MAR ST PETERSBURG BEACH, FL 33706		
2. Principal Place of Business - No P.O. Box # 410 150th Avenue		3. Mailing Address 410 150th Avenue			
Suite, Apt. #, etc. Suite J		Suite, Apt. #, etc. Suite J			
City & State Madeira Beach		City & State Madeira Beach		4. FEI Number 90-0182923	
Zip 33708		Country		Applied For Not Applicable	
Zip 33708		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEWART, JAMES V 1670 PELICAN CREEK CROSSING ST PETERSBURG, FL 33707			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD EWERT, MATTHEW S 2780 EAST VINA DEL MAR ST PETERSBURG BEACH, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5353 Gulf Blvd. A304 Saint Pete Beach FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESTOR, BRIAN 6226 FAIRWAY BAY BLVD GULFPORT, FL 33707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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: <i>Matthew Ewert</i> President			1/11/08 727-452-6281		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		