

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021225

Entity Name: IMIGENE, INC.

FILED
Aug 30, 2009
Secretary of State

Current Principal Place of Business:

410 150TH AVE STE J
SAINT PETERSBURG, FL 33708

New Principal Place of Business:

Current Mailing Address:

410 150TH AVE STE J
SAINT PETERSBURG, FL 33708

New Mailing Address:

FEI Number: 90-0182923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEWART, JAMES V
1670 PELICAN CREEK CROSSING
ST PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: EWERT, MATTHEW S
Address: 5353 GULF BLVD A304
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: D () Delete
Name: NESTOR, BRIAN
Address: 6226 FAIRWAY BAY BLVD
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: EWERT, MATTHEW S
Address: 1229 DARLINGTON OAK CIRCLE NE
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW SCOTT EWERT

MR

08/30/2009

Electronic Signature of Signing Officer or Director

Date