## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMENDED ANNUAL REPORT					CCCDFTAR	LEU Y OF SIME
DOCUMENT # P0400076493  1. Entity Name AGEON INC.					DIVISION OF (	AM IO: 3 l
Principal Place of Business		Mailing Address				
13451-5 MCGREGOR BLVD. FORT MYERS, FL 33912		13451-5 MCGREGOR BLVD FORT MYERS, FL 33912			1   <b>49  68 </b>   Fil <b>ab</b> iy <b>4</b> 7  11 <b>48</b>   11 48	EDIN EBYN NEWE RINN SIENE ANDER INGER IN IRBA
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08042005 Chg-P	CR2E034 (10/03)
City & State		City & State			4. FEI Number 20-1323800	Applied For Not Applicable
33919	Country	33919	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name						
LEGALZOOM NEVADA, INC. 44 W. FLAGLER ST.			R c	bert B. Burandt, Esq. dress (P.O. Box Number is Not Acceptable)		
SUITE 675 MIAMI, FL			17	714	Cape Coral Pa	rkway East
			City C	ape Coral FL 33964		
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 ages.						
SIGNATURE Robert B. Burandt  (NOTE: Registered Agent signature required when reinstating)  DATE						
Amended AR is \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					.00 May Be ed to Fees	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 11
NAME STREET ADORESS CITY-ST-ZIP	P MICHAEL, CHRISTAKIS 16681 MCGREGOR BLVD. FORT MYERS, FL 33908	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	134	chael, Christa 451-5 McGregor rt Myers, FL 3	Blvd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPRIO, JOSEPH 13451 MCGREGOR BLVD FORT MYERS, FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	VP Cap	prio, Joseph 451-5 McGregor rt Myers, FL 3	
NAME STREET ADDRESS CITY-S1-ZIP	SEC PECERI, MICHAEL B 13451 MCGREGOR BLVD FORT MYERS, FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ceri, Michael 451-5 McGregor rt Myers, FL	and the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICHAEL, ZOE 16681 MCGREGOR BLVD FORT MYERS, FL 33908	☐ Deliste	TITLE NAME STREET ADDRESS CITY-ST-2IP	13	chael, Zoe 451-5 McGregor rt Myers, FL 3	⊠ Change ☐ Addition Blvd. 33919
TITLE NAME STREET ADDRESS CHY-S1-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		100058 08/25/05010	Change Addition 3967811 45005 **61.25
NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	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 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.						

9/10/05 2892091330