

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90035 046 ***150.00

DOCUMENT # P04000153142			
1. Entry Name DONEGEN, INC.			
Principal Place of Business 3740 CORAL TREE CIRCLE COCONUT CREEK, FL 33073		Mailing Address 3740 CORAL TREE CIRCLE COCONUT CREEK, FL 33073	
2. Principal Place of Business - No P.O. Box # 4265 NW 4th Circle Suite, Apt. #, etc.		3. Mailing Address 4265 NW 4th Circle Suite, Apt. #, etc.	
City & State OCALA, FL		City & State OCALA, FL	
Zip 34475	Country	Zip 34475	Country
4. FEI Number 57-1210778		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOOMANS, DONOVAN 3740 CORAL TREE CIRCLE COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4265 NW 4th Circle City OCALA FL Zip Code 34475	
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: <i>Donovan E. Soomans</i> DONOVAN SOOMANS, President 4/7/07 <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, 2007 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	P SOOMANS, DONOVAN A 3740 CORAL TREE CIRCLE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOOMANS, EDNA V 3740 CORAL TREE CIRCLE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Donovan E. Soomans</i> DONOVAN SOOMANS, President 4/7/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/7/07 Daytime Phone #	