2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State
05-22-2007 90017 012 ***158.75

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1. Entity Name
COLLAGEN CORPORATION

Principal Place of Business	Mailing Address
5301 NORTH FEDERAL HIGHWAY SUITER 145 BOCA RATON,, FL 33487	16710 SENTERRA DR DELRAY BEACH, FL 33484

05132007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5301 N. FEDERAL HWY	5301 N. FEDERAL HWY
Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc. SUITE 300
City & State BOCA RATON	City & State BOCA RATON FL
Zip 33487 Country USA PALM BEACH	Zip 33487 Country USA PALM BEACH

4. FEI Number 36-4567319 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEINSTEIN, LESLIE
16710 SENTERRA DR
DELRAY BEACH, FL 33484

7. Name and Address of New Registered Agent

Name FEINSTEIN LESLIE
Street Address (P.O. Box Number is Not Acceptable) 5301 N. FEDERAL HWY
SUITE 300
City BOCA RATON FL Zip Code 33487

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 Leslie Feinstein DATE 5-15-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEINSTEIN, LESLIE 16710 SENTERRA DR DELRAY BEACH, FL 33484	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES EDWARD FEINSTEIN 5301 N. FEDERAL HWY STE 300 BOCA RATON FL 33487	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Edward Feinstein 5/14/07 561-997-8810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #