

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000043272

Entity Name: OROGEN BIO-SCIENCES, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

15880 COUNTRY CT.
FT. MYERS, FL 33912

New Principal Place of Business:

11220 METRO PARKWAY
SUITE 1
FT. MYERS, FL 33966

Current Mailing Address:

15880 COUNTRY CT.
FT. MYERS, FL 33912

New Mailing Address:

11220 METRO PARKWAY
SUITE 1
FT. MYERS, FL 33966

FEI Number: 26-2472357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRANDT, RYAN
15880 COUNTRY CT.
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

BRANDT, RYAN
11220 METRO PARKWAY
SUITE 1
FT. MYERS, FL 33966 US

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:

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRECO, JOSEPH
Address: 3464 HAMILTON AVE.
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: BRANDT, ROBERT
Address: 15880 COUNTRY CT.
City-St-Zip: FT. MYERS, FL 33912

Title: D () Delete
Name: BRANDT, RYAN
Address: 150 SW 52 ST.
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: KIWCZAK, JOHN
Address: 2162 E. LEEWYNN DR.
City-St-Zip: SARASOTA, FL 34240

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D () Change (X) Addition
Name: GALEN, CLARK
Address: 382 TINTORETTO DR.
City-St-Zip: OSPREY, FL 34229

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: CLARK GALEN

D

04/23/2009

Electronic Signature of Signing Officer or Director

Date