


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000026776</b>	
1. Entity Name CEGEN ENTERPRISES, INC.	

Principal Place of Business 244 HARBOR LANE MASSAPEQUA, NY 11762	Mailing Address 244 HARBOR LANE MASSAPEQUA, NY 11762
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01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3154813	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  B&C CORP. SERVICES OF CENTRAL FLORIDA INC. 390 NORTH ORANGE AVE. SUITE 1100 ORLANDO, FL 32801
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**DO NOT WRITE  
IN THIS SPACE**

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 _____	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPD CASSIS, NICHOLAS 2603 BONNIE COURT MERRICK, NY 11566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASSIS, CAROL 244 HARBOR LANE MASSAPEQUA, NY 11762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASSIMATIS, ELAINE 100 BROOKLYN AVENUE FREEPORT, NY 11520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CASSIMATIS, EMANUEL 1040 RIVERSIDE DRIVE WANTAGH, NY 11793
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11/00000247071  
12/01/05-80006-004 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Carol Cassis</u>	2/21/05 516-023-7324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #