

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

02-24-2006 90013 024 ***150.00

DOCUMENT # P93000026776						
1. Entity Name CEGEN ENTERPRISES, INC.						
Principal Place of Business 244 HARBOR LANE MASSAPEQUA, NY 11762			Mailing Address 244 HARBOR LANE MASSAPEQUA, NY 11762			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 11-3154813		
Zip		Country		Applied For <input type="checkbox"/> Not Applicable		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and size if applicable (NOTE: Registered Agent signature required when maintaining)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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	AVPD CASSIS, NICHOLAS 2603 BONNIE COURT MERRICK, NY 11566		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPD CASSIS, NICHOLAS 55-PEMBROOKE DRIVE GLEN COVE, N.Y. 11542	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASSIS, CAROL 244 HARBOR LANE MASSAPEQUA, NY 11762		<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	S CASSIMATIS, ELAINE 100 BROOKLYN AVENUE FREEPORT, NY 11520		<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	AS CASSIMATIS, EMANUEL 1040 RIVERSIDE DRIVE WANTAGH, NY 11793		<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CASSIMATIS, PATRICIA 112 E. LONG BEACH ROAD ST. JAMES, N.Y. 11780		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Carol Cassis</i> CAROL CASSIS 2/17/06						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						



ATTACHMENT

66006202

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2006

CEGEN ENTERPRISES, INC.
244 HARBOR LANE
MASSAPEQUA, NY 11762

Subject: **CEGEN ENTERPRISES, INC.**

Reference Number: **P93000026776**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION