2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-14-2005 90082 002 ***150.00
P95000039037

FILED
05 JUL -6 PM 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000039037

1. Entity Name
MORPHOGENESIS, INC.

Principal Place of Business	Mailing Address
209 STATE ST. OLDSMAR, FL 34677 US	209 STATE ST. OLDSMAR, FL 34677 US

03092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3359711 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAWMAN, MICHAEL J.P. ~~10209 BAY CLUB COURT~~ TAMPA, FL ~~33607~~	Name Street Address (P.O. Box Number is Not Acceptable): 10019 Bradwell Place City: FL Zip Code: 33626

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 _____ DATE
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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PC LAWMAN, MICHAEL J.P. ~~10209 BAY CLUB CT.~~ TAMPA, FL ~~33607~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10019 Bradwell Place 33626
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO LAWMAN, PATRICIA D. ~~10209 BAY CLUB CT.~~ TAMPA, FL ~~33607~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10019 Bradwell Place 33626
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEHAR, MORRIS 1326 PRESERVATION WAY OLDSMAR, FL 34677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWMAN, DAVID ~~GONERNERSTONE~~, THE SPINNEY LARCH AVE. SUNNINGDALE, UK, ~~si60a6~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Kemble House SL5 0AS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DENOS, KENNETH 11585 S STATE ST., STE. 102 DRAPER, UT 84020	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cook, Grahame 9 Alleyn Road Dulwich, UK SE21 8AB ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patricia Lawman Patricia Lawman 3-10-05 813 855 9844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #