2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P95000039037

Entity Name: MORPHOGENESIS, INC.

Current Principal Place of Business:

209 STATE ST.
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

209 STATE ST.
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 59-3359711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWMAN, MICHAEL J.P.
10019 BRADWELL PLACE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PC	( ) Delete
Name:	LAWMAN, MICHAEL J.P.	
Address:	10019 BRADWELL PLACE	
City-St-Zip:	TAMPA, FL 33626	
Title:	CEO	( ) Delete
Name:	LAWMAN, PATRICIA D.	
Address:	10019 BRADWELL PLACE	
City-St-Zip:	TAMPA, FL 33626	
Title:	D	( ) Delete
Name:	BEHAR, MORRIS	
Address:	1326 PRESERVATION WAY	
City-St-Zip:	OLDSMAR, FL 34677	
Title:	D	( ) Delete
Name:	LAWMAN, DAVID	
Address:	KEMBLE HOUSE, THE SPINNEY LARCH AVE.	
City-St-Zip:	SUNNINGDALE, UK SL5 0AS, XX	
Title:	D	( ) Delete
Name:	COOK, GRAHAME	
Address:	9 ALLEYN ROAD	
City-St-Zip:	DULWICH, UK SE21 8AB,	
Title:	D	(X) Delete
Name:	SATU, VAINIKKA	
Address:	FLAT, 43 ST. JOHNS GROVE	
City-St-Zip:	LONDON, UK, N19 SRP	

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

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: PATRICIA D LAWMAN CEO 04/15/2009
Electronic Signature of Signing Officer or Director Date