2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000039037

Entity Name: MORPHOGENESIS, INC.

FILED Feb 18, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

209 STATE ST. 2203 N LOIS AVENUE OLDSMAR, FL 34677 US

SUITE 900

TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

2203 N LOIS AVENUE 209 STATE ST.

SUITE 900 OLDSMAR, FL 34677 US

TAMPA, FL 33607 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

LAWMAN, MICHAEL Name: 10019 BRADWELL PLACE Address: City-St-Zip: TAMPA, FL 33626 US

Title: CEO

Name: LAWMAN, PATRICIA 10019 BRADWELL PLACE Address: TAMPA, FL 33626 US City-St-Zip:

Title:

SCANLAN, JOSEPH Name:

1117 PINELLAS BAYWAY SOUTH Address: City-St-Zip: TIERRA VERDE, FL 33715 US

Title:

LAWMAN, DAVID Name:

KEMBLE HOUSE, THE SPINNEY LARCH AVE. Address:

City-St-Zip: SUNNINGDALE, UK SL5 0AS UK

Title:

COOK, GRAHAME Name: Address: 9 ALLEYN ROAD

DULWICH, UK SE21 8AB UK City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA LAWMAN CEO 02/18/2010