2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000039037

Entity Name: MORPHOGENESIS, INC.

FILED Feb 10, 2011 Secretary of State

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

2203 N LOIS AVENUE SUITE 900

TAMPA, FL 33607 US

Current Mailing Address: New Mailing Address:

2203 N LOIS AVENUE SUITE 900 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 US

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

OFFICERS AND DIRECTORS:

Title: PC

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

Title: CEO

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

Title: D

Name: SCANLAN, JOSEPH

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

Title: [

Name: LAWMAN, DAVID

Address: KEMBLE HOUSE, THE SPINNEY LARCH AVE.

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

Title: [

Name: COOK, GRAHAME Address: 9 ALLEYN ROAD

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

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 02/10/2011