

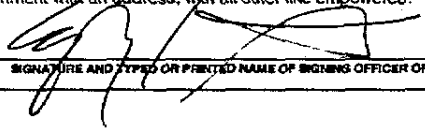


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000080190			
1. Entity Name GESTATION, INC.			
Principal Place of Business 1975 EAST SUNRISE BLVD STE 534 FORT LAUDERDALE, FL 33304		Mailing Address 1975 EAST SUNRISE BLVD STE 534 FORT LAUDERDALE, FL 33304	
DO NOT WRITE IN THIS SPACE			
		03192004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0699427	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STONE, MICHAEL 1975 EAST SUNRISE BLVD SUITE 507 FORT LAUDERDALE, FL 33304		DO NOT WRITE IN THIS SPACE	
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 title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000111941 04/14/04-80003-002 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	CD	DO NOT WRITE IN THIS SPACE	
NAME	STONE, MICHAEL		
STREET ADDRESS	1975 E SUNRISE BLVD SUITE 534		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		
TITLE	D		
NAME	CARBONE, RALPH		
STREET ADDRESS	101 EAST SUMMER ST		
CITY-ST-ZIP	PLANTSVILLE, CT		
TITLE	D	DO NOT WRITE IN THIS SPACE	
NAME	HUGHES, JOHN W		
STREET ADDRESS	421 SEVENTH AVE		
CITY-ST-ZIP	NEW YORK, NY		
TITLE	D		
NAME	HATTEN, MARK		
STREET ADDRESS	5 BROOKSIDE DR.		
CITY-ST-ZIP	WALLINGFORD, CT		
TITLE	PD	DO NOT WRITE IN THIS SPACE	
NAME	MAZZARELLA, JOSEPH		
STREET ADDRESS	5 BROOKSIDE DRIVE		
CITY-ST-ZIP	WALLINGFORD, CT 06492		
TITLE	VD		
NAME	JOYCE, JEFFREY		
STREET ADDRESS	5 BROOKSIDE DRIVE		
CITY-ST-ZIP	WALLINGFORD, CT 06492		
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 of 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: 		APRIL 12, 2004 954-525-5995	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	