


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000080190 1. Entity Name GESTATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01112005 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STONE, MICHAEL 1975 E SUNRISE BLVD SUITE 534 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBONE, RALPH 101 EAST SUMMER ST PLANTSVILLE, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, JOHN W 421 SEVENTH AVE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATTEN, MARK 5 BROOKSIDE DR. WALLINGCFORD, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAZZARELLA, JOSEPH 5 BROOKSIDE DRIVE WALLINGFORD, CT 06492
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOYCE, JEFFREY 5 BROOKSIDE DRIVE WALLINGFORD, CT 06492

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01/13/05-80040-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ <small>Date</small>	Daytime Phone # _____ <small>Daytime Phone #</small>
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