

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000080190

FILED
Sep 24, 2006
Secretary of State**Entity Name:** GESTATION, INC.**Current Principal Place of Business:**2500 E LAS OLAS BLVD
#1803
FORT LAUDERDALE, FL 33301**New Principal Place of Business:****Current Mailing Address:**2400 E LAS OLAS BLVD
PMB 406
FORT LAUDERDALE, FL 33301**New Mailing Address:****FEI Number:** 65-0699427 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STONE, MICHAEL
2400 E LAS OLAS BLVD
PMB 406
FORT LAUDERDALE, FL 33301 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

OFFICERS AND DIRECTORS:**Title:** CD () Delete
Name: STONE, MICHAEL
Address: 2500 E LAS OLAS BLVD, #1803
City-St-Zip: FORT LAUDERDALE, FL 33301**Title:** D () Delete
Name: CARBONE, RALPH
Address: 101 EAST SUMMER ST
City-St-Zip: PLANTSVILLE, CT**Title:** D () Delete
Name: HUGHES, JOHN W
Address: 421 SEVENTH AVE
City-St-Zip: NEW YORK, NY**Title:** D (X) Delete
Name: HATTEN, MARK
Address: 5 BROOKSIDE DR.
City-St-Zip: WALLINGCFORD, CT**Title:** PD (X) Delete
Name: MAZZARELLA, JOSEPH
Address: 11 ASYLUM STREET, 4TH FLOOR
City-St-Zip: HARTFORD, CT HARTFORD**Title:** VD (X) Delete
Name: JOYCE, JEFFREY
Address: 11 ASYLUM STREET, 4TH FLOOR
City-St-Zip: HARTFORD, CT 06103**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: STONE, MICHAEL F
Address: 2500 E LAS OLAS BLVD, #1803
City-St-Zip: FORT LAUDERDALE, FL 33301**Title:** D (X) Change () Addition
Name: HUGHES, JOHN W
Address: 421 SEVENTH AVE
City-St-Zip: NEW YORK, NY 10001**Title:** D (X) Change () Addition
Name: HATTEN, MARK
Address: 49 MOUNTAIN SPRING ROAD
City-St-Zip: FARMINGTON, CT 06032**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 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: MICHAEL F. STONE

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09/24/2006

Electronic Signature of Signing Officer or Director

Date