


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000035845 1. Entity Name IMMUGEN PHARMACEUTICALS, INC.	
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Principal Place of Business 5901 SW 87TH ST. SOUTH MIAMI, FL 33143	Mailing Address 5901 SW 87TH ST. SOUTH MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0912945	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAYAD, WILLIAM Y JR 2121 PONCE DE LEON BLVD., #430 CORAL GABLES, FL 33134	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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		DO NOT WRITE IN THIS SPACE U000000681520 04/04/07-80045-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TRAVIS, CRAIG 5901 SW 87TH ST. SOUTH MIAMI, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BREAKSPEARE, GILLIAN 10913 NW 30 ST #100 MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X *Craig R Travis* **x 3/25/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #