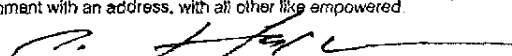


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                                                             |                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # S04140</b>                                                                                                                                                                                                      |                                                                                             |                                                                                                                                                                                                         |
| 1. Entity Name<br>NEOGENESIS, INC.                                                                                                                                                                                            |                                                                                             |                                                                                                                                                                                                                                                                                          |
| Principal Place of Business<br>606 BALD EAGLE DRIVE, STE 500<br>P. O. BOX ONE<br>MARCO ISLAND, FL 34146                                                                                                                       | Mailing Address<br>606 BALD EAGLE DRIVE, STE 500<br>P. O. BOX ONE<br>MARCO ISLAND, FL 34146 | <br><br>01092006 No Chg-P CRZE034 (11/05)<br>4. FEI Number<br>65-0251154<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>Applied For<br>Not Applicable |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                             |                                                                                             |                                                                                                                                                                                                                                                                                          |
| 6. Name and Address of Current Registered Agent<br><br>WOODWARD, CRAIG R., ESQUIRE<br>606 BALD EAGLE DRIVE, SUITE 500<br>ISLAND TOWER BUILDING<br>MARCO ISLAND, FL 34145                                                      |                                                                                             |                                                                                                                                                                                                                                                                                          |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                             |                                                                                             |                                                                                                                                                                                                                                                                                          |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> <small>NOTE: Registered Agent signature required when reinstating</small> <small>DATE</small>                  |                                                                                             |                                                                                                                                                                                                                                                                                          |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                           |                                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees                                                                                                                                                                |
|                                                                                                                                                                                                                               |                                                                                             | 000000503750<br>04/26/06 80045-009 150.00                                                                                                                                                                                                                                                |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                                             |                                                                                                                                                                                                                                                                                          |
| TITLE                                                                                                                                                                                                                         | D                                                                                           |                                                                                                                                                                                                                                                                                          |
| NAME                                                                                                                                                                                                                          | HASSAN, SHAWKY                                                                              |                                                                                                                                                                                                                                                                                          |
| STREET ADDRESS                                                                                                                                                                                                                | 220 SOUTH COLLIER BLVD.                                                                     |                                                                                                                                                                                                                                                                                          |
| CITY-ST-ZIP                                                                                                                                                                                                                   | MARCO ISLAND, FL 34145                                                                      |                                                                                                                                                                                                                                                                                          |
| TITLE                                                                                                                                                                                                                         |                                                                                             |                                                                                                                                                                                                                                                                                          |
| NAME                                                                                                                                                                                                                          |                                                                                             |                                                                                                                                                                                                                                                                                          |
| STREET ADDRESS                                                                                                                                                                                                                |                                                                                             |                                                                                                                                                                                                                                                                                          |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                                                                             |                                                                                                                                                                                                                                                                                          |
| TITLE                                                                                                                                                                                                                         |                                                                                             |                                                                                                                                                                                                                                                                                          |
| NAME                                                                                                                                                                                                                          |                                                                                             |                                                                                                                                                                                                                                                                                          |
| STREET ADDRESS                                                                                                                                                                                                                |                                                                                             |                                                                                                                                                                                                                                                                                          |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                                                                             |                                                                                                                                                                                                                                                                                          |
| TITLE                                                                                                                                                                                                                         |                                                                                             |                                                                                                                                                                                                                                                                                          |
| NAME                                                                                                                                                                                                                          |                                                                                             |                                                                                                                                                                                                                                                                                          |
| STREET ADDRESS                                                                                                                                                                                                                |                                                                                             |                                                                                                                                                                                                                                                                                          |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                                                                             |                                                                                                                                                                                                                                                                                          |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                             |                                                                                             |                                                                                                                                                                                                                                                                                          |

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: 

2/20/06 810-287-7070