2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 21, 2008
Secretary of State

DOCUMENT# P02000012164

Entity Name: REGENOCELL THERAPEUTICS, INC.

Current Principal Place of Business:

7 RICHMOND LN
BLYTHEWOOD, SC 29016

New Principal Place of Business:

2 BRIAR LANE
NATICK, MA 01760

Current Mailing Address:

7 RICHMOND LN
BLYTHEWOOD, SC 29016

New Mailing Address:

2 BRIAR LANE
NATICK, MA 01760

FEI Number: 22-3880440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DODRILL, JAMES G II
5800 HAMILTON WAY
BOCA RATON, FL 33496 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: P ( ) Delete
Name: MASSEY, SCOTT
Address: 7 RICHMOND LN
City-St-Zip: BLYTHEWOOD, SC 29016

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MONGIARDO, JAMES F
Address: 2 BRIAR LANE
City-St-Zip: NATICK, MA 01760 US

Title: T ( ) Change (X) Addition
Name: MONGIARDO, JAMES F
Address: 2 BRIAR LANE
City-St-Zip: NATICK, MA 01760 US

Title: S ( ) Change (X) Addition
Name: MONGIARDO, JAMES F
Address: 2 BRIAR LANE
City-St-Zip: NATICK, MA 01760 US

Title: D ( ) Change (X) Addition
Name: MONGIARDO, JAMES F
Address: 2 BRIAR LANE
City-St-Zip: NATICK, MA 01760 US

I hereby certify that the information supplied with this filing does not qualify 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: JAMES F. MONGIARDO P 07/21/2008

Electronic Signature of Signing Officer or Director Date