

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000012164

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** REGENOCELL THERAPEUTICS, INC.

**Current Principal Place of Business:**

2 BRIAR LANE  
NATICK, MA 01760

**New Principal Place of Business:**

**Current Mailing Address:**

2 BRIAR LANE  
NATICK, MA 01760

**New Mailing Address:**

**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  
**Name:** MONGIARDO, JAMES F  
**Address:** 2 BRIAR LANE  
**City-St-Zip:** NATICK, MA 01760 US

**Title:** T  
**Name:** MONGIARDO, JAMES F  
**Address:** 2 BRIAR LANE  
**City-St-Zip:** NATICK, MA 01760 US

**Title:** S  
**Name:** COOGAN, JOANNA C  
**Address:** 1 CEDAR LANE  
**City-St-Zip:** CHAPPAQUA, NY 10514 US

**Title:** D  
**Name:** MONGIARDO, JAMES F  
**Address:** 2 BRIAR LANE  
**City-St-Zip:** NATICK, MA 01760 US

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES F. MONGIARDO

P

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date