

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000030117

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

210 JUPITER LAKES BLVD., BUILDING 5000  
SUITE 106  
JUPITER, FL 33458 US

**New Principal Place of Business:**

210 JUPITER LAKES BLVD.  
STE #5106  
JUPITER, FL 33458 US

**Current Mailing Address:**

P.O. BOX 575  
JUPITER, FL 33468 US

**New Mailing Address:**

**FEI Number:** 51-0537778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CURBOY, ROSE ANN  
17431 127TH DR N  
JUPITER, FL 33478 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/D  
Name: CURBOY, ROSE ANN  
Address: 17431 127TH DR N  
City-St-Zip: JUPITER, FL 33478 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: ROSE ANN CURBOY

P/D

01/31/2012

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

\_\_\_\_\_  
Date