2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# F06000003812

Entity Name: SENSEI OF BOCA RATON, INC.

Current Principal Place of Business:

2300 GLADES RD
#220 WEST
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2300 GLADES RD
#220 WEST
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-3355580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLOOM, IRWIN E CPA
7700 CONGRESS AVENUE
SUITE 1108
BOCA RATON, FL 33487 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: GEVA, YACOV
Address: 2 PEKERIS ST. RABIN SCIENCE PARK
City-St-Zip: REHOVOT, ISRAEL 76100, OC

Title: VC ( ) Delete
Name: LORD, JONATHAN
Address: 500 WEST MAIN ST
City-St-Zip: LOUISVILLE, KY 40202

Title: DP ( ) Delete
Name: SCHWARZBERG, M.D., ROBERT
Address: 2300 GLADES RD #220 WEST
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete
Name: LISTON, TOM
Address: 500 WEST MAIN ST
City-St-Zip: LOUISVILLE, KY 40202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: IRWIN E BLOOM CPA 04/14/2009

Electronic Signature of Signing Officer or Director — Date