

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005499

FILED  
May 01, 2009  
Secretary of State

Entity Name: INNOVATIVE NEUROTRONICS, INC.

**Current Principal Place of Business:**

TWO BETHESDA METRO CENTER  
SUITE 1200  
BETHESDA, MD 20814

**New Principal Place of Business:**

**Current Mailing Address:**

TWO BETHESDA METRO CENTER  
SUITE 1200  
BETHESDA, MD 20814

**New Mailing Address:**

FEI Number: 20-0462819      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SABEL, IVAN R  
Address: TWO BETHESDA METRO CENTER, SUITE 1200  
City-St-Zip: BETHESDA, MD 20814

Title: STD ( ) Delete  
Name: MCHENRY, GEORGE E  
Address: TWO BETHESDA METRO CENTER, SUITE 1200  
City-St-Zip: BETHESDA, MD 20814

Title: P ( ) Delete  
Name: MARTIN, JEFF  
Address: TWO BETHESDA METRO CENTER, SUITE 1200  
City-St-Zip: BETHESDA, MD 20814

Title: V ( ) Delete  
Name: KIRK, THOMAS F  
Address: TWO BETHESDA METRO CENTER, SUITE 1200  
City-St-Zip: BETHESDA, MD 20814

**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: CEO (X) Change ( ) Addition  
Name: KIRK, THOMAS F  
Address: TWO BETHESDA METRO CENTER, SUITE 1200  
City-St-Zip: BETHESDA, MD 20814

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: GEORGE E. MCHENRY

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05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date