

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005113

FILED  
May 04, 2010  
Secretary of State

Entity Name: RETINAPHARMA TECHNOLOGIES, INC.

**Current Principal Place of Business:**

324 SOUTH HYDE PARK AVE., SUITE 350  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

324 SOUTH HYDE PARK AVE., SUITE 350  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 23-3099597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCNULTY, JAMES A  
324 SOUTH HYDE PARK AVE., SUITE 350  
TAMPA, FL 33606 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: C  
Name: O'DONNELL, FRANCIS E JR.  
Address: 324 SOUTH HYDE PARK AVE., SUITE 350  
City-St-Zip: TAMPA, FL 33606

Title: D  
Name: WOODWARD, DAVIS  
Address: 324 SOUTH HYDE PARK AVE., SUITE 350  
City-St-Zip: TAMPA, FL 33606

Title: P  
Name: SANTOS, CARLOS  
Address: 324 SOUTH HYDE PARK AVE., SUITE 350  
City-St-Zip: TAMPA, FL 33606

Title: ST  
Name: MCNULTY, JAMES A  
Address: 324 SOUTH HYDE PARK AVE., SUITE 350  
City-St-Zip: TAMPA, FL 33606

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 MCNULTY

CFO

05/04/2010

Electronic Signature of Signing Officer or Director

Date