

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002770

FILED
Apr 30, 2012
Secretary of State

Entity Name: MODULATION THERAPEUTICS, INC.

Current Principal Place of Business:

818 BAYVIEW DRIVE
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

1030 STRATFORD DRIVE
ENCINITAS, CA 92024

New Mailing Address:

818 BAYVIEW DRIVE
RUSKIN, FL 33570

FEI Number: 45-2440768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAZLEHURST, LORI
818 BAYVIEW DRIVE
RUSKIN, FL 33570 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: CPS
Name: HAZLEHURST, LORI
Address: 818 BAYVIEW DRIVE
City-St-Zip: RUSKIN, FL 33570

Title: DVPT
Name: MCLAUGHLIN, MARK
Address: 12902 MAGNOLIA DRIVE MRC 4 EAST
City-St-Zip: TAMPA, FL 336129497

Title: D
Name: CRESS, ANNE
Address: 4121 N SAN SIMEON RD
City-St-Zip: TUCSON, AZ 85718

Title: D
Name: DALTON, WILLIAM
Address: 505 S RIVERHILL DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

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: LORI HAZLEHURST

CPS

04/30/2012

Electronic Signature of Signing Officer or Director

Date