2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007
Secretary of State

DOCUMENT# H96440

Entity Name: BIOFEEDBACK ASSOCIATES OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

8130 BAYMEADOWS CIRCLE WEST
SUITE 308
JACKSONVILLE, FL 32256

New Principal Place of Business:

11512 LAKE MEAD AVE.
SUITE 703
JACKSONVILLE, FL 32256

Current Mailing Address:

8130 BAYMEADOWS CIRCLE WEST
308
JACKSONVILLE, FL 32256 US

New Mailing Address:

11512 LAKE MEAD AVE
SUITE 703
JACKSONVILLE, FL 32256 US

FEI Number: 59-2642300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOEGLER, STEVEN C.
27 PONTE VEDRA PARK DR
BLDG 100 STE 200
PONTE VEDRA, FL 32082 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: DP ( ) Delete
Name: GRENADIER, ANN G.,
Address: 8130 BAYMEADOWS CIR 308
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP ( ) Delete
Name: BUTTERWORTH, IVY
Address: 8130 BAYMEADOWS CIR 308
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GRENADIER, ANN G.,
Address: 11512 LAKE MEAD AVE, #703
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP (X) Change ( ) Addition
Name: BUTTERWORTH, IVY
Address: 11512 LAKE MEAD AVE, #703
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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: ANN GRENADIER DR. 03/29/2007

Electronic Signature of Signing Officer or Director — Date