

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110216

FILED
Mar 26, 2009
Secretary of State

Entity Name: HUMAN HEALTH BIOTECH INSTITUTE LLC

Current Principal Place of Business:

6899 LUCCA STREET
ORLANDO, FL 32819

New Principal Place of Business:

1300 SEAWAY DR.
SUITE A-3
FT. PIERCE, FL 34949

Current Mailing Address:

6899 LUCCA STREET
ORLANDO, FL 32819

New Mailing Address:

1300 SEAWAY DR.
SUITE A-3
FT. PIERCE, FL 34949

FEI Number: 30-3786291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, NICK
6899 LUCCA STREET
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

WALTERS, JEFFREY
1300 SEAWAY DR.
SUITE A-3
FT. PIERCE, FL 32819 US

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: JEFFREY WALTERS

03/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WALTERS, JEFFREY
Address: 6899 LUCCA STREET
City-St-Zip: ORLANDO, FL 32819

Title: MGR (X) Delete
Name: DAVIS, NICK
Address: 6899 LUCCA STREET
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WALTERS, JEFFREY
Address: 1300 SEAWAY DR. SUITE A-3
City-St-Zip: FT. PIERCE, FL 34949

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JEFFREY WALTERS

CEO

03/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date