2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000028704

Entity Name: THESORO, LLC

City-St-Zip:

HIALEAH, FL 33016 US

FILED Jun 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2625 SW 132 WAY DAVIE, FL 33330 US **Current Mailing Address: New Mailing Address:** 2625 SW 132 WAY DAVIE, FL 33330 US FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HIGH END INCOME TAX & ACCTG SERVICES 4200 NW 16TH STREET SUITE 600-A LAUDERHILL, FL 33313 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete THERATAXIS, LLC Name: Name: Address: 1101 EAST 33RD STREET STE B305 Address: City-St-Zip: BALTIMORE, MD 21218 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CONCEPT TO COMMERCIALIZATION, LLC Name: Name: Address: 1050 W NASA BLVD., SUITE 136 Address: City-St-Zip: MELBOURNE, FL 32901 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition ENGINEERING RESOURCES GROUP, INC. Name: Name: Address: 2760 W 79TH ST Address:

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.

City-St-Zip:

SIGNATURE: CHRIS ROSS MGR 06/19/2009