2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# M95000000360

Entity Name: IMMUNE BALANCE TECHNOLOGIES LIMITED COMPANY

Current Principal Place of Business:

5821 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

5821 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0620517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEILLY, BRAD PA
400 SE 18TH ST.
FORT LAUDERDALE, FL 33316 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KELLER, ROBERT H MD
Address: 5401 N. SURF RD.
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM ( ) Delete
Name: KIRCHENBAUM, DAVID
Address: 3272 HUNTINGTON
City-St-Zip: FT. LAUDERDALE, FL 333321857

Title: MGRM ( ) Delete
Name: PATRICK, CATHRINE
Address: 501 RANCH RD
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: PATRICK, CATHERINE
Address: 501 RANCH RD
City-St-Zip: WESTON, FL 33326

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: DAVID W KIRCHENBAUM MGRM 04/06/2009

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