2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF

Secretary of State **DOCUMENT # M99402** 07-23-2007 90042 002 ***150.00 1. Entity Name S. RICHARD SAUBER, PH.D., INC. Principal Place of Business Mailing Address 40126682 7300 W. CAMINO REAL 7300 W. CAMINO REAL SUITE 112 SUITE 112 BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business - No P.O. Box # 3. Mailing Address JUNLANST LENGU Suite, Apt. #, etc. 07122007 CR2E034 (12/06) ARE S. Richard Sauber City & State 4. FEI Number Applied For 7938 Sunburst Terrace 65-0083189 Not Applicable Lake Worth, FL 33467 Zip 3346 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAUBER, RICHARD S Stree S. Richard Sauber 7300 W CAMIRO REAL 7938 Sunburst Terrace ledies BOCA RATON, FL 33433 Lake Worth, FL 33467 City Zip Code 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. I am familiar with, and accept the obligations of registered-agent. SIGNATURE Signature, typed or printed and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10: 11. THTLE 🙀 Delete TITLE Change . Addition SAUBER, S. RICHARD S. Richard Sauber NAME NAME 7300 W. CAMINO REAL #112 STREET ADDRESS STREET ADDRESS 7938 Sunburst Terrace CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP Lake Worth, FL 33467 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addless with all other like employered. 07 SIGNATURE:

Date

Daytime Phone i

FILED Jul 23, 2007 8:00 am