2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007
Secretary of State

DOCUMENT# N05000005145

Entity Name: RESEARCH INSTITUTE FOR PERSONALIZED MEDICINE, INC.

Current Principal Place of Business:

9745 ARBOR OAKS LANE #302
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

9858 GLADES ROAD, #202
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 14-1931883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHN J. RAYMOND, JR., C/O BUTZEL LONG
1200 N FEDERAL HIGHWAY
SUITE 420
BOCA RATON, FL 33432 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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CANAKAKIS, NICHOLAS
Address: 9858 GLADES RD., #202
City-St-Zip: BOCA RATON, FL 33434

Title: DVP ( ) Delete
Name: TSOULOS, NICHOLAS
Address: 9858 GLADES RD., #202
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete
Name: AUGUST, THOMAS DR.
Address: 9858 GLADES RD., #202
City-St-Zip: BOCA RATON, FL 33434

Title: DST ( ) Delete
Name: CASTRO, ADRIANNA M
Address: 9858 GLADES RD., #202
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS CANAKAKIS DP 05/29/2007

Electronic Signature of Signing Officer or Director — Date