2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N06000011152

Entity Name: INTERAMERICAN ACADEMY OF APPLIED COGNITIVE NEUROSCIENCE INC.

Current Principal Place of Business:

1378 CORAL WAY
SUITE 500
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 142064
CORAL GABLES, FL 331142064

New Mailing Address:

FEI Number: 11-3793952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIEGUEZ, NORA
75 SHORE DRIVE WEST
MIAMI, FL 33133 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: P ( ) Delete
Name: HERRERA, JORGE A PH.D.
Address: P.O. BOX 142064
City-St-Zip: CORAL GABLES, FL 331142064

Title: VP ( ) Delete
Name: BARCELO, ERNESTO M.D.
Address: P.O. BOX 142064
City-St-Zip: CORAL GABLES, FL 331142064

Title: SEC ( ) Delete
Name: CASTELLANOS, MARTA ESQ
Address: P.O. BOX 142064
City-St-Zip: CORAL GABLES, FL 331142064

Title: TES ( ) Delete
Name: DIEGUEZ, NORA PH.D.
Address: P.O. BOX 142064
City-St-Zip: CORAL GABLES, FL 331142064

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: NORA DIEGUEZ TES 04/30/2008

Electronic Signature of Signing Officer or Director — Date