2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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Mar 30, 2009

Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION OF ADAPTIVE SCIENCES, INC.

Current Principal Place of Business: New Principal Place of Business: 842 MANGO DR 1774 LEE JANZEN DR WEST PALM BEACH, FL 33415 KISSIMMEE, FL 34744 **Current Mailing Address: New Mailing Address:** PO BOX 491 1774 LEE JANZEN DR BOYNTON BEACH, FL 33425 KISSIMMEE, FL 34744 FEI Number: 06-0898729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VALEZ, AUGUSTO DIR OAKEY III, CLEDITH E VP 842 MANGO DR 1774 LEE JANZEN DR WEST PALM BEACH, FL 33415 US US KISSIMMEE, FL 34744 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: C.E. OAKLEY III 03/30/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PANCHULA, LESLIE B Name: Name: 842 MANGO DR Address: Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: Title: () Delete Title: () Change () Addition POGNON, PIERRE B DR Name: Name: Address: 424 S B STREET # B4 Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title: () Delete Title: (X) Change () Addition POGNON, PIERRE B Name: POGNON, PIERRE B Name: 424 S B STREET #B4 Address: Address: 424 S B STREET #B4 City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460 Title: () Delete Title: () Change () Addition LEAMAN, KIMBERLY D Name: Name: Address: 842 MANGO DR Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: Title: () Delete Title: VP/T () Change (X) Addition DEPALO, CAROLINA R Name: Name: 1774 LEE JANZEN DR Address: Address: City-St-Zip: City-St-Zip: KISSIMMEE, FL 34744 Title: () Delete Title: () Change (X) Addition OAKLEY III. CLEDITH E Name: Name: Address: Address: 1774 LEE JANZEN DR KISSIMMEE, FL 34744 City-St-Zip: 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: C. E. OAKLEY III VP 03/30/2009