2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000004093

Entity Name: SYMBIONIC TECHNOLOGIES, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15331 FLIGHT PATH DRIVE BROOKSVILLE, FL 34609

Current Mailing Address: New Mailing Address:

15331 FLIGHT PATH DRIVE BROOKSVILLE, FL 34609

FEI Number: 59-3618712 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:

CUTTING, NANCY CUTTING, NANCY E

15331 FLIGHT PATH DRIVE

BROOKSVILLE, FL 34609 US

CUTTING, NANCY E

15331 FLIGHT PATH DRIVE

BROOKSVILLE, FL 34609 US

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: NANCY E. CUTTING 04/22/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 ST () Delete
 Title:
 DPST (X) Change () Addition

 Name:
 CUTTING, NANCY E
 Name:
 CUTTING, NANCY E

 Address:
 15331 FLIGHT PATH DRIVE
 Address:
 15331 FLIGHT PATH DRIVE

 Address:
 15331 FLIGHT PATH DRIVE
 Address:
 15331 FLIGHT PATH DRIVE

 City-St-Zip:
 BROOKSVILLE, FL 34609
 City-St-Zip:
 BROOKSVILLE, FL 34609

 Title:
 DP (X) Delete
 Title:
 () Change () Addition

 Name:
 CUTTING, EMILY E
 Name:

 Address:
 15331 FLIGHT PATH DRIVE
 Address:

 City-St-Zip:
 BROOKSVILLE, FL 34609
 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY E. CUTTING D 04/22/2009