2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# P00000040168

Entity Name: HOLISTICS THERAPEUTICS, INC.

Current Principal Place of Business:

5200 W. NEWBERRY ROAD
SUITE D-1
GAINESVILLE, FL 32606

New Principal Place of Business:

5200 W. NEWBERRY ROAD
SUITE D-1
GAINESVILLE, FL 32607

Current Mailing Address:

5200 W. NEWBERRY ROAD
SUITE D-1
GAINESVILLE, FL 32606

New Mailing Address:

5200 W. NEWBERRY ROAD
SUITE D-1
GAINESVILLE, FL 32607

FEI Number: 59-3640266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOENBORN, SANDIE
5200 W. NEWBERRY ROAD
SUITE D-1
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

SCHOENBORN, SANDIE
5200 W. NEWBERRY ROAD
SUITE D-1
GAINESVILLE, FL 32607 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: _____ 04/10/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHOENBORN, SANDIE
Address: 626 SW 127TH STREET
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDIE SCHOENBORN PT 04/10/2006
Electronic Signature of Signing Officer or Director — Date