

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099269

Entity Name: PARTAIN THERAPY, INC.

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

37640 SKY RIDGE CIRCLE  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

37640 SKY RIDGE CIRCLE  
DADE CITY, FL 33525

**New Mailing Address:**

FEI Number: 65-1056192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURPHY, DAVID J ESQ.  
14217 THIRD ST.  
DADE CITY, FL 33523 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: PARTAIN, DARYN  
Address: 37640 SKYRIDGE CIRCLE  
City-St-Zip: DADE CITY, FL 33525

Title: VSD ( ) Delete  
Name: PARTAIN, KELLY  
Address: 37640 SKYRIDGE CIRCLE  
City-St-Zip: DADE CITY, FL 33525

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

SIGNATURE: KELLY YOUNG PARTAIN

VSD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date