2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048918

City-St-Zip:

FILED Mar 11, 2009 Secretary of State

Entity Nar	ne: WOUNI	O THERAPY, INC.						
Current P	N	New Principal Place of Business:						
	SUM TRAIL A, FL 34240							
Current M	N	New Mailing Address:						
	SUM TRAIL A, FL 34240							
FEI Number:	04-3661052	FEI Number Applied For()	FEI Numb	er Not Appli	icable ()	Certific	ate of Status Des	ired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
6850 POS	, CATHLEEN SUM TRAIL A, FL 34240							
	named entity of Florida.	y submits this statement for the	e purpose of o	changing it	s registere	d office or	registered ager	nt, or both,
SIGNATUR	RE:							
Electronic Signature of Registered Agent				Date				
Election Car	npaign Financi	ng Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITION	S/CHANG	ES TO OF	FICERS AND I	DIRECTORS:
Title: Name: Address: City-St-Zip:	PSTD (SALLITTO, CA 6850 POSSU SARASOTA, I	M TRAIL	۸ م	ītle: lame: lddress: city-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	DV (SALLITTO, JO 6850 POSSU SARASOTA, I	M TRAIL	۱ م	itle: lame: ddress: city-St-Zip:	VSD SALLITTO, 6850 POSS SARASOTA		() Addition	
Title: Name: Address:	(() Delete	N	itle: lame: \ddress:	VD SALLITTO, 6850 POSS		(X) Addition	

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.

City-St-Zip:

SARASOTA, FL 34241 US

SIGNATURE: JOSEPH SALLITTO 03/11/2009 ٧