

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091599

Entity Name: SCIENT'X USA, INC.

FILED  
Apr 02, 2009  
Secretary of State

## Current Principal Place of Business:

1015 MAITLAND CENTER COMMONS, SUITE 106A  
MAITLAND, FL 32751

## New Principal Place of Business:

900 AIRPORT DRIVE, SUITE 3B  
WEST CHESTER, PA 19382

## Current Mailing Address:

1015 MAITLAND CENTER COMMONS, SUITE 106A  
MAITLAND, FL 32751

## New Mailing Address:

900 AIRPORT DRIVE, SUITE 3B  
WEST CHESTER, PA 19382

FEI Number: 02-0639063

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PEARLMAN, CRAIG S  
2 S. ORANGE AVE., 5TH FLOOR  
ORLANDO, FL 32801 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: DS ( ) Delete  
Name: SEESE, TIMOTHY  
Address: 1015 MAITLAND CENTER COMMONS, SUITE 106A  
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition  
Name: CUSTIN, ANN  
Address: 900 AIRPORT DRIVE, SUITE 3B  
City-St-Zip: WEST CHESTER, PA 19382

Title: DP ( ) Change (X) Addition  
Name: HUGGINS, MICHAEL  
Address: 900 AIRPORT DRIVE, SUITE 3B  
City-St-Zip: WEST CHESTER, PA 19382

Title: D ( ) Change (X) Addition  
Name: BERKOWITZ, MORTIMER  
Address: 900 AIRPORT DRIVE, SUITE 3B  
City-St-Zip: WEST CHESTER, PA 19382

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: ANN CUSTIN

DST

04/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date