2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019540

Entity Name: MINERVA MEDICA, INC.

FILED Mar 07, 2006 Secretary of State

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

6215 SW 145 ST. 6493 SUNSET DRIVE MIAMI, FL 33158 SOUTH MIAMI, FL 33143

Current Mailing Address: New Mailing Address:

6215 SW 145 ST. 6619 SOUTH DIXIE HIGHWAY

MIAMI, FL 33158 #383 MIAMI, FL 33143

FEI Number: 73-1669850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

KENNEDY-OLSEN, KATHLEEN
6215 SW 145 ST.
MIAMI, FL 33158 US

KENNEDY-OLSEN, KATHLEEN
6619 SOUTH DIXIE HIGHWAY
#383

MIAMI, FL 33143 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: 03/07/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: KENNEDY-OLSEN, KATHLEEN Name: KENNEDY-OLSEN, KATHLEEN Address: 6215 SW 145 ST. Address: 6619 SOUTH DIXIE HIGHWAY, #383

City-St-Zip: CORAL GABLES, FL 33158 City-St-Zip: MIAMI, FL 33143

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: KATHLEEN KENNEDY-OLSEN PD 03/07/2006