

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137015

Entity Name: CEREBRAL CORTECH INC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1608 18TH AVE N
LAKE WORTH, FL 33460 US

New Principal Place of Business:

1718 CORPORATE DR.
BOYNTON BEACH, FL 33426 US

Current Mailing Address:

1608 18TH AVE N
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: 20-2666860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYMASTER, MARK J
1608 18TH AVE N
LAKE WORTH, FL 33460 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: P () Delete
Name: BYMASTER, MARK J
Address: 1608 18TH AVE N
City-St-Zip: LAKE WORTH, FL 33460 US

Title: VP () Delete
Name: VETRANO, MARC
Address: 820 MACY ST.
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: SEC () Delete
Name: BYMASTER, MARK J
Address: 1608 18TH AVE N
City-St-Zip: LAKE WORTH, FL 33460 US

Title: TREA () Delete
Name: BYMASTER, MARK J
Address: 1608 18TH AVE N
City-St-Zip: LAKE WORTH, FL 33460 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARK J. BYMASTER

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date