

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164460

Entity Name: COVENANT THERAPIES, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

2105 SPRING HARBOR DR., APT. E
DELRAY BEACH, FL 33445

New Principal Place of Business:

183 W. ASTOR CIRCLE
DELRAY BEACH, FL 33484

Current Mailing Address:

2105 SPRING HARBOR DR., APT. E
DELRAY BEACH, FL 33445

New Mailing Address:

183 W. ASTOR CIRCLE
DELRAY BEACH, FL 33484

FEI Number: 20-1977275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDA SUTT
2105 SPRING HARBOR DR., APT. E
DELRAY BEACH, FL 33410 US

Name and Address of New Registered Agent:

LINDA SUTT
183 W. ASTOR CIRCLE
DELRAY BEACH, FL 33484 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:

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SUTT, LINDA
Address: 2105 SPRING HARBOR DR., APT. E
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SUTT, LINDA
Address: 183 W. ASTOR CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

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: LINDA SUTT

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date