

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-22-2006 90017 007 ***150.00

DOCUMENT # P05000054945 1. Entity Name NEURAL INTEGRATION, INC.																													
Principal Place of Business 3533 PALLADIAN CIRCLE DEERFIELD BCH, FL 33442			Mailing Address 3533 PALLADIAN CIRCLE DEERFIELD BCH, FL 33442																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																										
KITAY, ANNALEE 3533 PALLADIAN CIRCLE DEERFIELD BCH, FL 33442			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KITAY, ANNALEE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3533 PALLADIAN CIRCLE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>DEERFIELD BCH, FL 33442</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	KITAY, ANNALEE		STREET ADDRESS	3533 PALLADIAN CIRCLE		CITY- ST- ZIP	DEERFIELD BCH, FL 33442		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <u>Annalee Kitay</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/17/06 954-481-8511 <small>Date Daytime Phone #</small>																									

66007765



03072006 Chg-P CR2E034 (11/05)

4. FEI Number 22-3347065 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☒