2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2011
Secretary of State

DOCUMENT# P05000082260

Entity Name: GCN THERAPIES INC

Current Principal Place of Business:

5489 WILES RD
SUITE 304
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

5489 WILES RD
SUITE 304
COCONUT CREEK, FL 33073 US

New Mailing Address:

FEI Number: 20-2983841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIMA, OCTAVIO
5489 WILES RD
SUITE 304
COCONUT CREEK, FL 33073 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

OFFICERS AND DIRECTORS:

Title: P
Name: LIMA, OCTAVIO
Address: 5489 WILES RD SUITE 304
City-St-Zip: COCONUT CREEK, FL 33073 US

I hereby 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 all other like empowered.

SIGNATURE: OCTAVIO LIMA P 03/22/2011

Electronic Signature of Signing Officer or Director — Date