

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031973

Entity Name: SUNDANCE THERAPY, INC.

FILED
Jul 17, 2007
Secretary of State

Current Principal Place of Business:

2903 SW 34TH AVE.
OCALA, FL 34474

New Principal Place of Business:

1102 S. CANAL BLVD
SEBRING, FL 33870

Current Mailing Address:

2903 SW 34TH AVE.
OCALA, FL 34474

New Mailing Address:

1102 S.CANAL BLVD
SEBRING, FL 33870

FEI Number: 20-4470460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GWAZDAC, MEREDITH S
2903 SW 34TH AVE.
OCALA, FL 34474 US

Name and Address of New Registered Agent:

SAXON, MEREDITH
1102 S. CANAL BLVD
SEBRING, FL 33870 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: MEREDITH SAXON

07/17/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GWAZDAC, MEREDITH S
Address: 2903 SW 34TH AVE.
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SAXON, MEREDITH
Address: 1102 S CANAL BLVD
City-St-Zip: OCALA, FL 33870

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: MEREDITH SAXON

D

07/17/2007

Electronic Signature of Signing Officer or Director

Date