

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000052103

Entity Name: ACCU-BREAK TECHNOLOGIES, INC.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

1000 SOUTH PINE ISLAND ROAD
SUITE 230
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

1000 SOUTH PINE ISLAND ROAD
SUITE 230
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 20-5876662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDFARB, ROBERT I
1000 SOUTH PINE ISLAND ROAD
SUITE 230
PLANTATION, FL 33324 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: D CH () Delete
Name: HAHN, ELLIOT F PH.D.
Address: 1000 S. PINE ISLAND ROAD, SUITE 230
City-St-Zip: PLANTATION, FL 33324

Title: D CEO () Delete
Name: KAPLAN, ALLAN S PH.D.
Address: 1000 S. PINE ISLAND ROAD, SUITE 230
City-St-Zip: PLANTATION, FL 33324

Title: D VP () Delete
Name: LUCKING, DAVID
Address: 1000 S. PINE ISLAND ROAD, SUITE 230
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: NORTON, NIGEL N
Address: 1000 S. PINE ISLAND ROAD # 230
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: SOLOMON, LAWRENCE M.D.
Address: 1000 S. PINE ISLAND RD #230
City-St-Zip: PLANTATION, FL 33324

Title: VP () Delete
Name: GREEN, GEOFF
Address: 1000 S. PINE ISLAND ROAD, #230
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: GOLDFARB, ROBERT I
Address: 1000 S. PINE ISLAND ROAD, SUITE 230
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Change () Addition
Name: KAPLAN, ALLAN S PHD
Address: 1000 S. PINE ISLAND ROAD, SUITE 230
City-St-Zip: PLANTATION, FL 33324

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

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

Title: D VP (X) Change () Addition
Name: LUCKING, DAVID
Address: 1000 S. PINE ISLAND ROAD, #230
City-St-Zip: PLANTATION, FL 33324

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: ROBERT I. GOLDFARB

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date