2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 17, 2008 08:00 A Secretary of State DOCUMENT # P06000099560 1. Entity Name M & B THERAPY INC Principal Place of Business Mailing Address 436 SW 8TH STREET 416 SW 20TH ROAD SUITE 10 MIAMI, FL 33129 MIAMI, FL 33130 04112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5304914 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAZ, SANDRA DO NOT WRITE 4165 W. 20TH RD. MIAMI, FL 33129 IN THIS SPACE 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 ragistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstaling 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution U000000902757 Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PD DIAZ, SANDRA NAME 4165 W. 20 RD. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Daytime Phone #

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 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered