

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000125928

FILED
Jul 03, 2007
Secretary of State

Entity Name: INNOVATIVE THERAPY II, INC

Current Principal Place of Business:

9256 101 CT
VERO BEACH, FL 32967 US

New Principal Place of Business:

Current Mailing Address:

10830 STACEY LANE
BOCA RATON, FL 33428 US

New Mailing Address:

FEI Number: 76-0838508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELTER, DEBRA
9256 101 CT
VERO BEACH, FL 32967, US US

Name and Address of New Registered Agent:

WELTER, DEBRA
9256 101 CT
VERO BEACH, FL 32967 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: ROSMIRA RAMIREZ

07/03/2007

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: P () Delete
Name: WELTER, DEBRA
Address: 9256 101 CT
City-St-Zip: VERO BEACH, FL 32967 US

Title: VP () Delete
Name: BOYD, GWENDOLYN
Address: 1602 N. LAKESIDE DR
City-St-Zip: LAKE WORTH, FL 33460 US

Title: DOO () Delete
Name: RAMIREZ, ROSMIRA
Address: 10830 STACEY LANE
City-St-Zip: BOCA RATON, FL 33428 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROSMIRA RAMIREZ

DOO

07/03/2007

Electronic Signature of Signing Officer or Director

Date