2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 11, 2008 8:00 am Secretary of State

214-630-2000 Davline Phone #

DOCUMENT # P06000155740 1. Entity Name INSIGHTEC-TXSONICS, INC.					08-11-2008 90121 048 ***550.00					
Principal Place of Business 18191 181 CIRCLE BOCA RATON, FL 33498 US			wy us							
2. Principal Place of Business - No P.O. Box # /// N. Gulfstream 3. Mailing Address 485/ LBJ F Suite, Apt. #, etc. Suite, Apt. #, etc.								, 100 H 510 H 50 H	!311	
才 <i>3</i> City & State	C	# 40-0 City & State			07092008 4. FEI Numb	Chg-P	CR2E03	4 (12/06)	plied For	
Sac	asota, FL	Dallas, 7	<u> </u>		39-194			<u> </u>	t Applicable	
3423		75244	Country US			of Status Desired	i j	8.75 Addi ee Required		
	6. Name and Address of Current	Name ·								
RANTA, SUZANNĖ 18191 181 CIRCLE				Dennis De lla Penna Street Address (P.O. Box Number is Not Acceptable) 1111 N. Sulf Stream #3C						
BOCA RAT	TON, FL 33498			<u> LLL</u>	70 . 4	87F 311641	M			
					rasot	a	FL	Zip Code	236	
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 registered agent										
SIGNATURE_	Signature, typed or printed name of registered agent a	nd little if applicable (NOTE:	Pegistered Agent signat	irre required	Sennis (when reinstating)	Dellaler	\na DATE	1/10	12008	
-	TE NOMBUL SES 10 ASSO 00	9. Election Campaig								
Di	LE NOWIII FEE IS \$550.00 ue by September 12, 2008	Trust Fund Contril		Add	.00 May Be ed to Fees					
10. TITLE	OFFICERS AND MGR	DIRECTORS Delete	11.	17. 6		CHANGES TO OFF			S IN 11	
NAME STREET ADDRESS	ALIKACEM, NADIR 2777 N. STEMMONS FRWY, 940		NAME STREET ADDRESS	l	1.2	J Frwy		•	☐ Addition	
CITY-ST-ZIP	DALLAS, TX 75207		CITY-ST-ZIP			Tx 752				
TITLE NAME		☐ Delete	TITLE NAME		,			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS							
TITLE		☐ Delete	CITY-ST-ZIP					☐ Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			name Street address							
CITY-ST-ZIP			CITY-ST-ZIP						= <u>-</u> -	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, or	true and accurate and that mo owered to execute this report a	y signaturé shall h	ave the	same legal effe	ct as if made under o	oath; that I ar	n an officer	or director	