

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024405

FILED
Apr 20, 2011
Secretary of State

Entity Name: INNOVATIVE THERAPY SOLUTIONS, INC.

Current Principal Place of Business:

2416 MISTY WATER DRIVE WEST
JACKSONVILLE, FL 32246

New Principal Place of Business:

2344 3RD STREET SOUTH
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

2416 MISTY WATER DRIVE WEST
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 26-2158059 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROBLES, AARON SR.
2416 MISTY WATER DRIVE WEST
JACKSONVILLE, FL 32246 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: PRES
Name: ROBLES, AARON P SR
Address: 2416 MISTY WATER DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32246

Title: CFO
Name: ROBLES, BRENDA K
Address: 2416 MISTY WATER DR W
City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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 all other like empowered.

SIGNATURE: BRENDA K ROBLES

CFO

04/20/2011

Electronic Signature of Signing Officer or Director

Date