

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000082484

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** STEM CELL THERAPY INTERNATIONAL CORP.

**Current Principal Place of Business:**

2203 N LOIS AVE 9TH FLOOR  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

2203 N LOIS AVE 9TH FLOOR  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 26-3332027

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAO, CALVIN  
2203 N LOIS AVE 9TH FLOOR  
TAMPA, FL 33607 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: P  
Name: CAO, CALVIN  
Address: 2203 N LOIS AVE 9TH FLOOR  
City-St-Zip: TAMPA, FL 33607

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: CALVIN CAO

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PRES

04/25/2012

\_\_\_\_\_ Date