

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000009634

Entity Name: SIMPLY ATARAXIS, INC

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

16245 PALOMA CT.  
PUNTA GORDA, FL 33955 US

**New Principal Place of Business:**

**Current Mailing Address:**

16245 PALOMA CT.  
PUNTA GORDA, FL 33955 US

**New Mailing Address:**

FEI Number: 26-4229157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PLASKON, TODD C  
16245 PALOMA CT.  
PUNTA GORDA, FL 33955 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,D  
Name: PLASKON, DANIELLE  
Address: 16245 PALOMA CT.  
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: S,T  
Name: PLASKON, TODD  
Address: 16245 PALOMA CT.  
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: DIRE  
Name: PLASKON, TODD  
Address: 16245 PALOMA CT.  
City-St-Zip: PUNTA GORDA, FL 33955 US

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: TODD C PLASKON

ST

02/24/2011

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

\_\_\_\_\_  
Date