2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2012
Secretary of State

DOCUMENT# P09000095132

Entity Name: MIAMI INSTITUTE OF TRAINING AND NEUROFEEDBACK, INC.

Current Principal Place of Business:

2645 SW 37 AVE
SUITE 505
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2645 SW 37 AVE
SUITE 505
MIAMI, FL 33133

New Mailing Address:

FEI Number: 27-1373448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIAMI INSTITUTE OF TRAINING
2645 SW 37 AVE
SUITE 505
MIAMI, FL 33133 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: PD
Name: MUSTELIER, WILLIAM
Address: 2645 SW 37 AVE, SUITE 505
City-St-Zip: MIAMI, FL 33133

Title: SD
Name: MARTIN, FELIX
Address: 2645 SW 37 AVE, SUITE 505
City-St-Zip: MIAMI, FL 33133

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: WILLIAM MUSTELIER PD 01/17/2012

Electronic Signature of Signing Officer or Director — Date