2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000036411

1. Entity Name

NEURODISC PUBLISHING, INC.



FILED Apr 23, 2007 08:00 All Secretary of State

Principal Place of Business

3801 N UNIVERSITY DR., #403 FT. LAUDERDALE, FL 33351 US Mailing Address

3801 N UNIVERSITY DR., #403 FT. LAUDERDALE, FL 33351 US



DO NOT WRITE IN THIS SPACE

04172007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applicable

6. Name and Address of Current Registered Agent

O'KEEFE, THOMAS 3801 N UNIVERSITY DR., #403 FT. LAUDERDALE, FL 33351

DO NOT WRITE IN THIS SPACE

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|------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------|------------------|--------------------------------|------------------------------------------------------------|
| the obligat | named entity submits this statement for the plons of registered agent. | ourpose of changing its registered | office or re | gistered agent, or both | n, in the State of Florida. I am familiar with, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title | if applicable. (NOTE: Registered A | gent signature i | equired when reinstating) | DATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financia Trust Fund Contribution. | ng | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D O'KEEFE, THOMAS 3801 N UNIVERSITY DR., SUITE 403 FT. LAUDERDALE, FL 33351 | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | | 000000722877 05/02/07-80049-005 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN 7 | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | , |
| TITLE NAME STREET ADDRESS | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

4/20/07 9

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