


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90041 004 ***150.00

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|---|---|
| DOCUMENT # P96000103352 |  |
| 1. Entity Name INTERVENTIONAL THERAPEUTICS, INC. | |

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| Principal Place of Business 5102 N. DAVIS HWY PENSACOLA, FL 32503 US | Mailing Address P.O. DRAWER 13207 PENSACOLA, FL 32591 US |
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40067623



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| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04012008 Chg-P CR2E034 (12/06)

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| 4. FEI Number 59-3421326 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

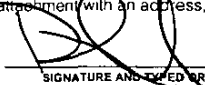
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| 6. Name and Address of Current Registered Agent BUCHALTER, JEFF L PRES 94 CHANTECLAIRE CIRCLE GULF BREEZE, FL 32561 | |
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| 7. Name and Address of New Registered Agent | |
| Name David E. Fairleigh | |
| Street Address (P.O. Box Number is Not Acceptable) 96 Chanteclair Circle | |
| City Gulf Breeze | FL 32561 |

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| 8. 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. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  | DATE 4/08/08 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BUCHALTER, JEFF L 94 CHANTECLAIRE CIRCLE GULF BREEZE, FL 32561 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18 Via DeLuna Drive #1906 Pensacola Beach, FL 32561 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FAIRLEIGH, DAVID E 96 CHANTECLAIRE CIRCLE GULF BREEZE, FL 32561 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KRUEGER, KURT A 11 SUGAR BOWL LANE PENSACOLA BEACH, FL 32562 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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:  | DATE 4/08/08 |

David E. Fairleigh 4/08/08 850-291-3618