

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000057887

Entity Name: AIM THERAPY, INC.

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

**Current Principal Place of Business:**

2831 RINGLING BLVD  
220F  
SARASOTA, FL 34237 US

**New Principal Place of Business:**

**Current Mailing Address:**

2831 RINGLING BLVD  
220F  
SARASOTA, FL 34237 US

**New Mailing Address:**

FEI Number: 65-0766794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CEO, BARBARA A PRES  
2831 RINGLING BLVD  
#220F  
SARASOTA, FL 34237 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: PRES  
Name: CEO, BARBARA  
Address: 2831 RINGLING BLVD #220F  
City-St-Zip: SARASOTA, FL 34237

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: BARBARA CEO

PRES

03/24/2011

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

\_\_\_\_\_  
Date