

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042520

Entity Name: R2T2 THERAPY, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

2031 RENAISSANCE BLVD
APT 301
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

1677 LONGMONT DRIVE
LAWRENCEVILLE, GA 30044

New Mailing Address:

FEI Number: 65-1183205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAITIS, GEORGE
16919 NW 57TH AVE
MIAMI, FL 33055 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COSBY, BRAXTON A
Address: 1677 LONGMONT DRIVE
City-St-Zip: LAWRENCEVILLE, GA 30044

Title: VP () Delete
Name: COSBY, NATHALIE
Address: 1677 LONGMONT DRIVE
City-St-Zip: LAWRENCEVILLE, GA 30044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COSBY, BRAXTON A DOCTOR
Address: 1677 LONGMONT DRIVE
City-St-Zip: LAWRENCEVILLE, GA 30044

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRAXTON A COSBY

DR.

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date