

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003609

FILED  
Mar 29, 2006  
Secretary of State

Entity Name: VOYAGER PHARMACEUTICAL CORPORATION

## Current Principal Place of Business:

8540 COLONNADE CENTER DRIVE, SUITE 409  
RALEIGH, NC 27615

## New Principal Place of Business:

8540 COLONNADE CENTER DRIVE, SUITE 501  
RALEIGH, NC 27615

## Current Mailing Address:

8540 COLONNADE CENTER DRIVE, SUITE 409  
RALEIGH, NC 27615

## New Mailing Address:

8540 COLONNADE CENTER DRIVE, SUITE 501  
RALEIGH, NC 27615

FEI Number: 65-1089565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GOLDBERG, SHELDON  
15835 DELASOL LANE  
NAPLES, FL 34110 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: CP ( ) Delete  
Name: SMITH, PATRICK S  
Address: 8540 COLONNADE CENTER DRIVE, SUITE 409  
City-St-Zip: RALEIGH, NC 27615

Title: VC ( ) Delete  
Name: BOWEN, RICHARD L M.D.  
Address: 8540 COLONNADE CENTER DRIVE, SUITE 409  
City-St-Zip: RALEIGH, NC 27615

Title: DVST (X) Delete  
Name: CORCORAN, DAVID J  
Address: 8540 COLONNADE CENTER DRIVE, SUITE 409  
City-St-Zip: RALEIGH, NC 27615

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: SMITH, PATRICK S  
Address: 8540 COLONNADE CENTER DRIVE, SUITE 501  
City-St-Zip: RALEIGH, NC 27615

Title: DVST (X) Change ( ) Addition  
Name: CORCORAN, DAVID J  
Address: 8540 COLONNADE CENTER DRIVE, SUITE 501  
City-St-Zip: RALEIGH, NC 27615

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID J. CORCORAN

CFO

03/29/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date