


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2006 08:00 AM
Secretary of State

DOCUMENT # H33345		
1. Entity Name THERAKOS, INC.		
Principal Place of Business 437 CREAMERY WAY EXTON, PA 19341 US	Mailing Address 437 CREAMERY WAY EXTON, PA 19341 US	



07112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2575957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALDER, H M 12 LONG DR DOWNINGTOWN, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, ROY N OCC, 437 CREAMERY WAY EXTON, PA 19341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALO, R R ONE JOHNSON & JOHNSON PLACE NEW BRUNSWICK, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCULLEY, M.B. ONE JOHNSON & JOHNSON PLZ NEW BRUNSWICK, NJ.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMP, C.A. 437 CREAMY WAY EXTON, PA 19341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERMAN, S P ONE JOHNSON & JOHNSON PLACE NEW BRUNSWICK, PA

U00000571342
 07/20/06-80002-025 150.00

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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: Cliff Camp Cliff A. Camp
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/11/06 Daytime Phone #: (610) 250-1002