

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000004081

Entity Name: ACACIA PHARMA INC.**Current Principal Place of Business:**440 STEVENS AVE STE 220
SOLANA BEACH, CA 92075**Current Mailing Address:**440 STEVENS AVE STE 220
SOLANA BEACH, CA 92075 US**FEI Number:** 47-4852728**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	DEBSKI, RYAN
Address	440 STEVENS AVE STE 220
City-State-Zip:	SOLANA BEACH CA 92075

Title	TREASURER
Name	DEBSKI, RYAN
Address	440 STEVENS AVE STE 220
City-State-Zip:	SOLANA BEACH CA 92075

Title	CHAIRMAN
Name	MCCLUNG, REED
Address	440 STEVENS AVE STE 220
City-State-Zip:	SOLANA BEACH CA 92075

Title	SECRETARY
Name	MCCLUNG, REED
Address	440 STEVENS AVE STE 220
City-State-Zip:	SOLANA BEACH CA 92075

Title	AUTHORIZE SIGNER
Name	HORTON, TIMOTHY
Address	440 STEVENS AVE STE 220
City-State-Zip:	SOLANA BEACH CA 92075

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: TIMOTHY HORTON

AUTHORIZE SIGNER

04/22/2024

Electronic Signature of Signing Officer/Director Detail_____
Date