

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 651698

FILED
May 01, 2006
Secretary of State

Entity Name: CLINICAL PHARMACOLOGY INTERNATIONAL, INC.

Current Principal Place of Business:

11190 BISCAYNE BOULEVARD
NORTH MIAMI, FL 33181

New Principal Place of Business:

11190 BISCAYNE BOULEVARD
MIAMI, FL 33181

Current Mailing Address:

11190 BISCAYNE BOULEVARD
NORTH MIAMI, FL 33181

New Mailing Address:

11190 BISCAYNE BOULEVARD
MIAMI, FL 33181

FEI Number: 59-1951936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS CRAMER LLP
1555 PALM BEACH LAKES BOULEVARD
310
WEST PALM BEACH, FL 33401 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KRINSKY, LISA
Address: 11190 BISCAYNE BOULEVARD
City-St-Zip: NORTH MIAMI, FL 33181

Title: DCEO () Delete
Name: HANTMAN, ARNOLD
Address: 11190 BISCAYNE BOULEVARD
City-St-Zip: NORTH MIAMI, FL 33181

Title: EVP (X) Delete
Name: HOLMES, GREGORY
Address: 11190 BISCAYNE BOULEVARD
City-St-Zip: NORTH MIAMI, FL 33181

Title: CFO (X) Delete
Name: NATAN, DAVID
Address: 11190 BISCAYNE BOULEVARD
City-St-Zip: NORHT MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EVP (X) Change () Addition
Name: HOLMES, GREGORY
Address: 11190 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33181

Title: CFO (X) Change () Addition
Name: NATAN, DAVID
Address: 11190 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33181

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

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 NATAN

CFO

05/01/2006

Electronic Signature of Signing Officer or Director

Date