2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002421

Entity Name: METHAPHARM, INC.

City-St-Zip:

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11772 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 **Current Mailing Address: New Mailing Address:** 11772 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 FEI Number: 65-1018850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BALTZER, GORDON 11772 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CALENTI, LUCIANO Name: Name: 34 FERNDALE AVE. Address: Address: City-St-Zip: TORONTO ONTARIO CANADA, ON M4T 2B3 CA City-St-Zip: Title: Title: () Delete () Change () Addition Name: CALENTI, LAWRENCE Name: 29 BIGGAR AVE Address: Address: TORONTO ONTARIOCANADA, ON M8N 2N5 CA City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CALENTI, CHRISTOPHER Name: Name: 707-50 OLD MILL ROAD Address: Address: City-St-Zip: OAKVILLE ONTARIO CANADA, ON L6J 7W1 CA City-St-Zip: Title: () Delete Title: () Change (X) Addition BALTZER, GORDON Name: Name: Address: Address: 11772 W. SAMPLE ROAD

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.

City-St-Zip:

CORAL SPRINGS, FL 33065 US

SIGNATURE: GORDON BALTZER T 01/14/2009