2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F00000002421

707-50 OLD MILL ROAD

BALTZER, GORDON

11772 W. SAMPLE ROAD

(X) Delete

CORAL SPRINGS, FL 33065 US

OAKVILLE ONTARIO CANADA, ON L6J 7W1 CA

Address:

Title:

Name: Address:

City-St-Zip:

City-St-Zip:

FILED Feb 11, 2009 Secretary of State

Entity Name: METHAPHARM, INC. **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 () 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition CALENTI, LUCIANO CALENTI, LUCIANO Name: Name: 34 FERNDALE AVE. 26 SCAIFE GARDENS Address: Address: City-St-Zip: TORONTO ONTARIO CANADA, ON M4T 2B3 CA City-St-Zip: BRANTFORD ONTARIO CANADA, ON N3T 2B3 CA Title: Title: () Delete (X) Change () Addition Name: CALENTI, LAWRENCE Name: CALENTI, CHRISTOPHER 29 BIGGAR AVE 316-3044 BLOOR ST WEST Address: Address: TORONTO ONTARIOCANADA, ON M8N 2N5 CA TORONTO ONTARIO CANADA, ON M8X 2Y8 CA City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete TS CALENTI, CHRISTOPHER BALTZER, GORDON Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

11772 W SAMPLE RD

CORAL SPRINGS, FL 33065 US

() Change () Addition

SIGNATURE: GORDON BALTZER TS 02/11/2009