

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000002421

Entity Name: METHAPHARM, INC.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11772 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

11772 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 65-1018850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BALTZER, GORDON  
11772 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065 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

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: CALENTI, LUCIANO  
Address: 26 SCAIFE GARDENS  
City-St-Zip: BRANTFORD ONTARIO CANADA, ON N3T 2B3 CA

Title: VP/D  
Name: CALENTI, CHRISTOPHER  
Address: 316-3044 BLOOR ST WEST  
City-St-Zip: TORONTO ONTARIO CANADA, ON M8X 2Y8 CA

Title: TS/D  
Name: BALTZER, GORDON  
Address: 11772 W SAMPLE RD  
City-St-Zip: CORAL SPRINGS, FL 33065 US

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: GORDON BALTZER

TS/D

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date