2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 04, 2005 8:00 am Secretary of State DOCUMENT # F01000006046 04-04-2005 90074 027 ***150.00 THERACOR PHARMACEUTICALS, INC. Principal Place of Business Mailing Address 509 SAWORASS CORPORATE PKWY: *►509 SAWGRASS CORPORATE PKWY.* SUNRISE, FL 33325 SUNRISE, FL 33325 11840 N.W. 11th Place 3. Mailing Address Coral Springs 2. Principal Place of Busin 11840 N.U Suite, Api. #, etc. Suite, Apt. #, etc. 01112005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Coral Springs, FL51-0412350 Not Applicable COYGL Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHENG, HAIYUNG Street Address (P.O. Box Number is Not Acceptable) 11840 N.W. 11TH PLACE CORAL SPRINGS, FL 33071 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Squature, typed or printed name of registered against and late 4 applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PCD TITLE ☐ Delete TITLE Change Ho, Michael CHENG, HAIYUNG NAME NAME 21250 Hawthorne Blvd, Suite 500 STREET ADDRESS 11840 N.W. 11TH PLACE STREET ADDRESS Torrance, CA 90503 CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-ZIP TITLE TITLE Delete ☐ Chance X Addition NAME PANG, CHI LIEN NAME Huang, Tai-nang STREET ADDRESS 3780 EAST LAKE ESTATES DRIVE STREET ADDRESS 35A Cabot Road± CITY-ST-ZIP **DAVIE, FL 33328** CITY-ST-ZIP Wohurn, MA 01801 חד TITLE Delete TITLE Change ☐ Addition Cheng, Haiyung PANG, CHI LIEN NAME NAME 11840 N.W. 11th Place STREET ADDRESS 3780 EAST LAKE ESTATES DRIVE STREET ADDRESS Coral Springs, FL 33071 **DAVIE, FL 33328** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition D Huang, Kin-Shan **WU. LINXIAN** NAME NAME STREET ADDRESS 105 BATHGATE LN STREET ADDRESS 12310 N.W. 2 St. CITY-ST-7IP **CARY, NC 27513** CITY-ST-7P Coral Springs, FL TITLE Delete ΠΠF ☐ Change Addition NAME HO, MICHAEL NAME 21250 HAWTHORNE BLVD STE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TORRANCE, CA 90503 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, i further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED