


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90032 049 ***150.00

DOCUMENT # F01000006374		
1. Entity Name TRICON PHARMACEUTICALS, INC.		

Principal Place of Business 9316 CYPRESS BEND DRIVE TAMPA, FL 33647	Mailing Address 9316 CYPRESS BEND DRIVE TAMPA, FL 33647
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54013252

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

02112004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3760016	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ZACCARDELLI, DAVID S 9316 CYPRESS BEND DRIVE TAMPA, FL 33647	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PCD <input type="checkbox"/> Delete
NAME	ZACCARDELLI, DAVID S
STREET ADDRESS	9316 CYPRESS BEND DRIVE
CITY-ST-ZIP	TAMPA, FL
TITLE	VD <input type="checkbox"/> Delete
NAME	DAVIS, CRAIG W
STREET ADDRESS	9175 HIGHLAND RIDGE WAY
CITY-ST-ZIP	TAMPA, FL
TITLE	VST <input type="checkbox"/> Delete
NAME	HANNON, DEBORAH
STREET ADDRESS	502 SOUTH FREMONT AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PORTER, NICOLAS C
STREET ADDRESS	12902 MAGNOLIA DRIVE
CITY-ST-ZIP	TAMPA, FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	KOLOSKY, JOHN A
STREET ADDRESS	12902 MAGNOLIA DRIVE
CITY-ST-ZIP	TAMPA, FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VST
STREET ADDRESS	RUCKER, DEBORAH
CITY-ST-ZIP	6226 WILD ORCHID DR. LITHIA, FL 33547
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: <i>Deborah Rucker</i> DEBORAH RUCKER	20/FEB/04	813-453-7610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #