

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002814

FILED
Apr 28, 2005
Secretary of State

Entity Name: BIODELIVERY SCIENCES INTERNATIONAL, INC.

Current Principal Place of Business:

UMDNJ, ADMINISTRATIVE BUILDING 4
185 SOUTH ORANGE AVE
NEWARK, NJ 07103

New Principal Place of Business:

2501 AERIAL CENTER PARKWAY
SUITE 205
MORRISVILLE, NC 27560

Current Mailing Address:

5310 CYPRESS CENTER DRIVE
SUITE 101
TAMPA, FL 33609

New Mailing Address:

324 S HYDE PARK AVE
SUITE 350
TAMPA, FL 33606

FEI Number: 35-2089858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: O'DONNELL, FRANCIS E JR
Address: 709 THE HAMPTON LANE
City-St-Zip: CHESTERFIELD, MO 63019

Title: V () Delete
Name: MANNINO, RAPHAEL
Address: 185 SOUTH ORANGE AVENUE
City-St-Zip: NEWARK, NJ 07103

Title: ST () Delete
Name: MCNULTY, JAMES A
Address: 4419 W. SEVILLA
City-St-Zip: TAMPA, FL 33629

Title: D (X) Delete
Name: BUTLER, JAMES R
Address: 109 CUTLER COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: SHEA, JOHN J
Address: 90 POTESKEET TRAIL
City-St-Zip: KITTY HAWK, NC 27949

Title: D () Delete
Name: STONE, BILL
Address: 11120 GEYER DOWNS LANE
City-St-Zip: FRONTENAC, MO 63131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JAMES A. MCNULTY

ST

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date