
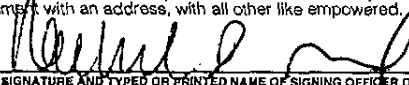


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000001642		
1. Entity Name MOLECULAR PERSPECTIVES, INC.		
Principal Place of Business 5500 MILITARY TRAIL, STE. 22-260 JUPITER, FL 33458		Mailing Address 5500 MILITARY TRAIL, STE. 22-260 JUPITER, FL 33458
DO NOT WRITE IN THIS SPACE		
		07192005 No Chg-P CR2E034 (10/03)
		4. FEI Number 22-3586986
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		000000375809 08/08/05-880002-005 150.00
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE	CPT	
NAME	BRODY, RACHEL I	
STREET ADDRESS	5500 MILITARY TRAIL, STE. 22-260	
CITY - ST - ZIP	JUPITER, FL 33458	
TITLE	DVS	
NAME	BARRE, STEVEN C	
STREET ADDRESS	5500 MILITARY TRAIL, STE. 22-260	
CITY - ST - ZIP	JUPITER, FL 33458	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
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: 		Rachel I Brody
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 8/5/05 Daytime Phone # 561-776-2869