

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90395 028 ***158.75

DOCUMENT # F03000001841					
1. Entity Name RECEPTOPHARM, INC.					
Principal Place of Business 1537 NW 65 AVENUE PLANTATION, FL 33313			Mailing Address 1537 NW 65 AVENUE SUITE 128 PLANTATION, FL 33313		
2. Principal Place of Business		3. Mailing Address 1537 NW 65 AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PLANTATION, FL		4. FEI Number 58-2626408	
Zip		Zip 33313		Country U.S.A.	
6. Name and Address of Current Registered Agent RUMPH, HAROLD H 6219 PETUNIA ROAD DELRAY BEACH, FL 33484				7. Name and Address of New Registered Agent Name: PAUL F. REID Street Address (P.O. Box Number is Not Acceptable): 9610 N.W. 24 COURT City: SUNRISE FL Zip Code: 33322	
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: <u>Paul F. Reid</u> PAUL F. REID, CEO, 29 MAR 06 <small>Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES RUMPH, HAROLD H 6219 PETUNIA ROAD DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO REID, PAUL F 1922 COOLIDGE STREET HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9610 N.W. 24 COURT SUNRISE, FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAYMOND, LAURENCE N 4500 SW 43RD AVENUE FORT LAUDERDALE, FL 33314 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHMIDT, JOHN D 9120 CRESCENT DRIVE MIRAMAR, FL 33025 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3120 N.W. 88 AVENUE #203 SUNRISE, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>John D. Schmidt</u> JOHN D. SCHMIDT 29 MAR 06 84-321-8988 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50007848



03272006 Chg-P CR2E034 (11/05)

4. FEI Number
58-2626408

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RUMPH, HAROLD H
6219 PETUNIA ROAD
DELRAY BEACH, FL 33484

7. Name and Address of New Registered Agent

Name: PAUL F. REID
Street Address (P.O. Box Number is Not Acceptable): 9610 N.W. 24 COURT
City: SUNRISE FL Zip Code: 33322

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FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
RUMPH, HAROLD H
6219 PETUNIA ROAD
DELRAY BEACH, FL 33484 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
REID, PAUL F
1922 COOLIDGE STREET
HOLLYWOOD, FL 33020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
RAYMOND, LAURENCE N
4500 SW 43RD AVENUE
FORT LAUDERDALE, FL 33314 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SCHMIDT, JOHN D
9120 CRESCENT DRIVE
MIRAMAR, FL 33025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP
D. ☒ Change ☐ Addition

TITLE
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9610 N.W. 24 COURT
SUNRISE, FL 33322 ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
3120 N.W. 88 AVENUE #203
SUNRISE, FL 33351 ☒ Change ☐ Addition

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CITY-ST-ZIP
 ☐ Change ☐ Addition

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #