2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# F03000001841

Entity Name: RECEPTOPHARM, INC.

Current Principal Place of Business:

1537 NW 65 AVENE
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

1537 NW 65 AVENE
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 58-2626408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REID, PAUL F
9610 NW 24 CRT
FORT LAUDERDALE, FL 33322 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: D ( ) Delete
Name: RUMPH, HAROLD H
Address: 6219 PETUNIA ROAD
City-St-Zip: DELRAY BEACH, FL 33484

Title: CEO ( ) Delete
Name: REID, PAUL F
Address: 9610 NW 24 CRT
City-St-Zip: FORT LAUDERDALE, FL 33322

Title: VP ( ) Delete
Name: RAYMOND, LAURENCE N
Address: 4500 SW 43RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: S ( ) Delete
Name: SCHMIDT, JOHN D
Address: 3120 NW 88 AVE 203
City-St-Zip: FORT LAUDERDALE, FL 33351

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN D SCHMIDT S 04/25/2007

Electronic Signature of Signing Officer or Director Date