

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002624

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: INYX PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

825 THIRD AVENUE  
40TH FLOOR  
NEW YORK, NY 10022

**New Principal Place of Business:**

**Current Mailing Address:**

825 THIRD AVENUE  
40TH FLOOR  
NEW YORK, NY 10022

**New Mailing Address:**

FEI Number: 75-2870720      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KACHKAR, JACK  
445 GRAND BAY DRIVE  
1210  
KEY BISCAVNE, FL 33149 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: S, D ( ) Delete  
Name: KACHKAR, JACK  
Address: 445 GRAND BAY DRIVE, #1210  
City-St-Zip: KEY BISCAVNE, FL 33149 US

Title: D ( ) Delete  
Name: ROTMIL, JOSEPH  
Address: 2800 KINSINGTON CIRCLE  
City-St-Zip: WESTERN, FL 33332 US

Title: P ( ) Delete  
Name: HANDLEY, STEVEN  
Address: 37 PARKLAND DRIVE, ELTON NEAR CHESTER  
City-St-Zip: CHESHIRE, UK CH24PC UK

Title: D ( ) Delete  
Name: HUNTER, COLIN  
Address: 11 HUMBER CLOSE, WIDNES  
City-St-Zip: CHESHIRE, UK WA83YY UK

Title: D ( ) Delete  
Name: BROWN, DOUGLAS  
Address: STURDY'S, TASTON  
City-St-Zip: OXON, UK OX73JL UK

Title: T ( ) Delete  
Name: GOLDSHMIDT, RIMA  
Address: 103 OVERBROOK PLACE  
City-St-Zip: TORONTO, ON M3H 4P5 CA

**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:

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 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: JACK KACHKAR

S, D

01/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date