2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# F03000002985

Entity Name: DOR BIOPHARMA, INC.

Current Principal Place of Business:

1691 MICHIGAN AVE
SUITE 435
MIAMI, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

1691 MICHIGAN
SUITE 435
MIAMI, FL 33139 US

New Mailing Address:

FEI Number: 41-1505029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANGELL CORPORATE SERVICES, INC.
ONE NORTH CLEMATIS STREET, SUITE 400
WEST PALM BEACH, FL 33401 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: PCEO ( ) Delete
Name: SEMBER, MICHAEL T
Address: 1691 MICHIGAN SUITE 435
City-St-Zip: MIAMI, FL 33139 US

Title: CFO ( ) Delete
Name: MYRIANTHOPOULOS, EVAN
Address: 1691 MICHIGAN AVE SUITE 435
City-St-Zip: MIAMI, FL 33139 US

Title: CBOD ( ) Delete
Name: HAIG, ALEXANDER P
Address: 1691 MICHIGAN AVE SUITE 435
City-St-Zip: MIAMI, FL 33139 US

Title: BOD ( ) Delete
Name: KANZER, STEVE H JD, CPA
Address: 1691 MICHIGAN AVE SUITE 435
City-St-Zip: MIAMI, FL 33139

Title: TREA ( ) Delete
Name: CLAVIJO, JAMES
Address: 1691 MICHIGAN AVE SUITE 435
City-St-Zip: MIAMI, FL 33139

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:

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: JAMES CLAVIJO TREA 04/04/2006

Electronic Signature of Signing Officer or Director — Date