2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002857

Entity Name: DARA BIOSCIENCES, INC.

THOMAS, JOHN C JR.

MARIETTA, GA 30062

200 NORTH COBB PARKWAY, SUITE 140

Name:

Address:

City-St-Zip:

FILED Apr 24, 2005 Secretary of State

Littly Nai	ile. DARA DI	OSCIENCES, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
1234 AIRPORT ROAD, SUITE 105 DESTIN, FL 32541			SUI	1234 AIRPORT ROAD SUITE 105 DESTIN, FL 32541		
Current Mailing Address:				New Mailing Address:		
1234 AIRPORT ROAD, SUITE 105 DESTIN, FL 32541			SUI	1234 AIRPORT ROAD SUITE 105 DESTIN, FL 32541		
FEI Number:	32-0088047	FEI Number Applied For ()	FEI Number N	lot Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
GORLIN, STEVE 1234 AIRPORT ROAD, SUITE 105 DESTIN, FL 32541 US				GORLIN, STEVE 1234 AIRPORT ROAD SUITE 105 DESTIN, FL 32541 US		
	named entity e of Florida.	submits this statement for the p	urpose of cha	nging its registered o	office or registered agent, or both,	
SIGNATURE:				04/24/2005		
	Electro	nic Signature of Registered Age	ent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GORLIN, STEV	ROAD, SUITE 105	Title: Name Addre City-):) Change ()Addition	
Title: Name: Address: City-St-Zip:	D (HERLANDS, LO 21 ELLSWORT CAMBRIDGE, I	ΓΗ AVE	Title: Name Addre City-): :) Change ()Addition	
Title: Name: Address: City-St-Zip:	DP (FRANCO, RICH 7229 MANOR (RALEIGH, NC	DAKS DRIVE	Title: Name Addre City-):) Change ()Addition	
Title [.]	ST () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN C. THOMAS, JR. ST 04/24/2005