

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002857

Entity Name: DARA BIOSCIENCES, INC.

FILED  
Feb 22, 2007  
Secretary of State

## Current Principal Place of Business:

4505 FALLS OF NEUSE ROAD  
SUITE 125  
RALEIGH, NC 27609

## New Principal Place of Business:

## Current Mailing Address:

4505 FALLS OF NEUSE ROAD  
SUITE 125  
RALEIGH, NC 27609

## New Mailing Address:

FEI Number: 32-0088047      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GORLIN, STEVE  
1234 AIRPORT ROAD  
SUITE 105  
DESTIN, FL 32541 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: COB ( ) Delete  
Name: GORLIN, STEVE  
Address: 1234 AIRPORT ROAD, SUITE 105  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: D'ALONZO, THOMAS W  
Address: 4505 FALLS OF NEUSE ROAD, SUITE 125  
City-St-Zip: RALEIGH, NC 27609

Title: D ( ) Delete  
Name: FRANCO, RICHARD  
Address: 7229 MANOR OAKS DRIVE  
City-St-Zip: RALEIGH, NC 27615

Title: CFO ( ) Delete  
Name: THOMAS, JOHN C  
Address: 200 NORTH COBB PARKWAY, SUITE 140  
City-St-Zip: MARIETTA, GA 30062

Title: D ( ) Delete  
Name: EICHLER, KURT M  
Address: 4505 FALLS OF NEUSE ROAD SUITE 125  
City-St-Zip: RALEIGH, NC 27069

Title: D ( ) Delete  
Name: JORDAN, HAMILTON  
Address: 4505 FALLS OF NEUSE ROAD SUITE 125  
City-St-Zip: RALEIGH, NC 27609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CEO (X) Change ( ) Addition  
Name: FRANCO, RICHARD  
Address: 7229 MANOR OAKS DRIVE  
City-St-Zip: RALEIGH, NC 27615

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: JOHN C. THOMAS

CFO

02/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date