

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005100

FILED
Apr 28, 2006
Secretary of State

Entity Name: ARIUS PHARMACEUTICALS, INC.

Current Principal Place of Business:

2501 AERIAL CENTER PARKWAY
SUITE 205
MORRISVILLE, NC 2750

New Principal Place of Business:

Current Mailing Address:

324 S HYDE PARK AVE
SUITE 350
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-1507926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNULTY, JAMES A
324 S HYDE PARK AVE
SUITE 350
TAMPA, FL 33606 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: CEO () Delete
Name: O'DONNELL, FRANCIS E JR.
Address: 709 THE HAMPTONS LANE
City-St-Zip: TOWN & COUNTRY, MO 63017

Title: PD () Delete
Name: SIRGO, MARK A
Address: P.O. BOX 14601
City-St-Zip: RESEARCH TRIANGLE PARK, NJ 27709

Title: V () Delete
Name: FINN, ANDREW L
Address: P.O. BOX 14601
City-St-Zip: RESEARCH TRIANGLE PARK, NJ 27709

Title: CFO () Delete
Name: MCNULTY, JAMES A
Address: 324 S HYDE PARK AVE SUITE 350
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: O'DONNELL, FRANCIS E JR.
Address: 709 THE HAMPTONS LANE
City-St-Zip: TOWN & COUNTRY, MO 63017

Title: P (X) Change () Addition
Name: SIRGO, MARK A
Address: P.O. BOX 14601
City-St-Zip: RESEARCH TRIANGLE PARK, NJ 27709

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 A MCNULTY, CPA

CFO

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date