## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000005100

MCNULTY, JAMES A

TAMPA, FL 33606

324 S HYDE PARK AVE SUITE 350

Name:

Address:

City-St-Zip:

Entity Name: ARIUS PHARMACEUTICALS, INC.

FILED Apr 28, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2501 AERIAL CENTER PARKWAY SUITE 205 MORRISVILLE, NC 2750 **New Mailing Address: Current Mailing Address:** 324 S HYDE PARK AVE SUITE 350 TAMPA, FL 33606 FEI Number: 20-1507926 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCNULTY, JAMES A 324 S HYDE PARK AVE SUITE 350 TAMPA, FL 33606 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO ( ) Delete Title: (X) Change ( ) Addition O'DONNELL, FRANCIS E JR. O'DONNELL, FRANCIS E JR. Name: Name: 709 THE HAMPTONS LANE 709 THE HAMPTONS LANE Address: Address: City-St-Zip: TOWN & COUNTRY, MO 63017 City-St-Zip: TOWN & COUNTRY, MO 63017 Title: PD Title: (X) Change ( ) Addition () Delete SIRGO, MARK A Name: SIRGO, MARK A Name: P.O. BOX 14601 P.O. BOX 14601 Address: Address: RESEARCH TRIANGLE PARK, NJ 27709 RESEARCH TRIANGLE PARK, NJ 27709 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: ( ) Change ( ) Addition FINN, ANDREW L Name: Name: P.O. BOX 14601 Address: Address: City-St-Zip: RESEARCH TRIANGLE PARK, NJ 27709 City-St-Zip: Title: CFO () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES A MCNULTY, CPA CFO 04/28/2006