## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000006447

Entity Name: VALERA PHARMACEUTICALS, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	EN AVENUE	110		N AVENUE		
LEXING I (	ON, MA 02141	US	LEXINGTO	DN, MA 02421 US		
Current Mailing Address:			New Maili	New Mailing Address:		
	EN AVENUE ON, MA 02141	US		N AVENUE DN, MA 02421 US		
FEI Number	: 13-4119931	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desire	d()	
		urrent Registered Agent:		Address of New Registered Agent:	_ ( )	
	ATION SERVICI			, ,		
1201 HAY	S STREET SSEE, FL 3230					
IALLAHA	33LL, I L 3230	12020 00				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing	its registered office or registered agent,	or both	
SIGNATU	RE:					
	Electroni	c Signature of Registered Age	ent	Date		
Election Ca	mpaign Financing	Trust Fund Contribution ( ).				
	mpaign Financing S AND DIRECT	, ,	ADDITION	IS/CHANGES TO OFFICERS AND DIF	RECTO	
OFFICER	S AND DIRECT	ORS:	Title:	CEO (X) Change ( ) Addition	RECTO	
<b>OFFICER</b> Title: Name:	S AND DIRECT  CEO ()I  COOPER, GLEN	ORS: Delete N L	Title: Name:	CEO (X) Change ( ) Addition COOPER, GLENN L	RECTO	
	S AND DIRECT	CORS: Delete N L :NUE	Title:	CEO (X) Change ( ) Addition	RECTO	
OFFICER Title: Name: Address: City-St-Zip:	S AND DIRECT  CEO () I  COOPER, GLEN 33 HAYDEN AVE LEXINGTON, MA	CORS: Delete N L :NUE	Title: Name: Address:	CEO (X) Change ( ) Addition COOPER, GLENN L 33 HAYDEN AVENUE	RECTO	
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I hereby certify that the information supplied with this filing does not qualify 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: ROBYN PATTI SR,D 01/14/2009