2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003527

Address:

City-St-Zip: MINDEN, NV 89423

Entity Name: ORANGE TREE THERAPIES, INC.

2248 MERIDIAN BOULEVARD, SUITE H

FILED Apr 29, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2248 MER MINDEN, I		VARD, SUITE H			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2248 MER MINDEN, I		VARD, SUITE H			
FEI Number	: 20-2625936	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:	
236 EAST	RP INCORPOR 6TH AVE. SSEE, FL 323				
	named entity e of Florida.	submits this statement for the	e purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered A	\gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MORIARTY, R	N BOULEVARD, SUITE H	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title:	ST () Delete	Title: (() Change () Addition	

Address:

City-St-Zip:

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: CARL ABRAHAMS ST 04/29/2007