2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F05000003609

Entity Name: VOYAGER PHARMACEUTICAL CORPORATION

Current Principal Place of Business:

8540 COLONNADE CENTER DRIVE, SUITE 501
RALEIGH, NC 27615

New Principal Place of Business:

8540 COLONNADE CENTER DRIVE, SUITE 308
RALEIGH, NC 27615

Current Mailing Address:

8540 COLONNADE CENTER DRIVE, SUITE 501
RALEIGH, NC 27615

New Mailing Address:

8540 COLONNADE CENTER DRIVE, SUITE 308
RALEIGH, NC 27615

FEI Number: 65-1089565 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDBERG, SHELDON
15835 DELASOL LANE
NAPLES, FL 34110 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: CP ( ) Delete
Name: SMITH, PATRICK S
Address: 8540 COLONNADE CENTER DRIVE, SUITE 501
City-St-Zip: RALEIGH, NC 27615

Title: DVST ( ) Delete
Name: CORCORAN, DAVID J
Address: 8540 COLONNADE CENTER DRIVE, SUITE 501
City-St-Zip: RALEIGH, NC 27615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition
Name: SMITH, PATRICK S
Address: 8540 COLONNADE CENTER DRIVE, SUITE 308
City-St-Zip: RALEIGH, NC 27615

Title: DVST (X) Change ( ) Addition
Name: CORCORAN, DAVID J
Address: 8540 COLONNADE CENTER DRIVE, SUITE 308
City-St-Zip: RALEIGH, NC 27615

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: DAVID J. CORCORAN CFO 01/14/2009

Electronic Signature of Signing Officer or Director Date