2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# F06000001040

Entity Name: TIGRIS PHARMACEUTICALS, INC.

Current Principal Place of Business:

3359 WOODS EDGE CIR - STE 103
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

3359 WOODS EDGE CIR - STE 103
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 83-0420434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUNIZ, EDMUNDO
3359 WOODS EDGE CIR - STE 103
BONITA SPRINGS, FL 34134 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: C ( ) Delete
Name: KAZAM, JOSHUA
Address: 689 FIFTH AVE - 12TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: VC ( ) Delete
Name: TANEN, DAVIDA
Address: 689 FIFTH AVE - 12TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete
Name: PRUZANSKI, MARK
Address: 689 FIFTH AVE - 12TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete
Name: HAIG, ALEXANDER
Address: 689 FIFTH AVE - 12TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: P ( ) Delete
Name: MUNIZ, EDMUNDO MD,PHD
Address: 3359 WOODS EDGE CIR - STE 103
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP ( ) Delete
Name: WHITE, ANNE E
Address: 3359 WOODS EDGE CIR - STE 103
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GRANADILLO, PEDRO
Address: 3359 WOODS EDGE CIRCLE, STE 103
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D (X) Change ( ) Addition
Name: MIEYAL, PAUL
Address: 3359 WOODS EDGE CIRCLE, STE 103
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: ANNE WHITE COO 02/12/2008
Electronic Signature of Signing Officer or Director — Date