2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003986

Entity Name: ABRIKA PHARMACEUTICALS, INC.

FILED May 01, 2007 Secretary of State

Output Drive in al Plane of Drawinson				New Principal Blace of Business			
Current Principal Place of Business: New Principal Place of Business:							
13800 NW 2ND ST., SUITE 190 SUNRISE, FL 33325							
Current Mailing Address:				New Mailing Address:			
13800 NW 2ND ST., SUITE 190 SUNRISE, FL 33325							
FEI Number: 55-0907315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()							e of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ACRAC, INC. 13800 NW 2ND ST., STE. 190 SUNRISE, FL 33325 US				UNITED CORPORATE SERVICES, INC. 9200 S. DADELAND BLVD. SUITE 508 MIAMI, FL 33156 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: MICHAEL BARR, PRESIDENT 05/01/2007							
Electronic Signature of Registered Agent						С	Pate
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
Title: Name: Address: City-St-Zip:	D () E COHEN, ALAN 13800 NW 2ND S SUNRISE, FL 33			Title: Name: Address: City-St-Zip:	VP/S (X) LAROCCA, JOH 990 RIVERVIEV TOTOWA, NJ 0	√DR.) Addition
Title: Name: Address: City-St-Zip:	D () E GALE, JAMES 13800 NW 2ND S SUNRISE, FL 33			Title: Name: Address: City-St-Zip:	EVP (X) BOOTHE, DOUG 990 RIVERVIEW TOTOWA, NJ 0	√DR.) Addition
Title: Name: Address: City-St-Zip:	D () E LEHMAN, RICHA 13800 NW 2ND S SUNRISE, FL 33	ST., SUITE 190		Title: Name: Address: City-St-Zip:	D/C (X) PATEL, DIVYA 990 RIVERVIEW TOTOWA, NJ 0) Addition
Title: Name: Address: City-St-Zip:	D () E NEW, JAMES 13800 NW 2ND S SUNRISE, FL 33	ST., SUITE 190		Title: Name: Address: City-St-Zip:	VP (X) MARTIN, DALE 13800 NW 2ND SUNRISE, FL 3		
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	EVP () PAISSON, STEII 990 RIVERVIEW TOTOWA, NJ 0	√DR.) Addition
Title: Name: Address: City-St-Zip:	1 ()	Delete		Title: Name: Address: City-St-Zip:	VP/T () BAIN, KEVIN 990 RIVERVIEW TOTOWA, NJ 0) Addition

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: DALE MARTIN VP 05/01/2007