2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 14, 2008 8:00 am Secretary of State 04-14-2008 90028 037 ***150.00 DOCUMENT # F06000005836 CATALYST PHARMACEUTICAL PARTNERS, INC. 40066300 Principal Place of Business Mailing Address 355 ALHAMBRA CIRCLE, SUITE 1370 355 ALHAMBRA CIRCLE, SUITE 1370 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number 76-0837053 Not Applicable Country Z∤p Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 City Zip Code 8. 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. I am familiar with, and accept SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature recuired when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CDP CEOC TITLE Delete TITLE MCENANY PATRICK J. MCENANY, PATRICK J NAME NAME 355 ALHAMBRA CIRCLE, SUIR 1370 STREET ADDRESS STREET ADDRESS 220 MIRACLE MILE, STE 234 CORAL GABLES, FL 33134 CITY-ST-ZIP MIAMI, FL 33134 CITY - ST - ZIP Delete TITLE CEO TITLE Change TH Addition HUCKEL, HUBERT E MCENANY, PATRICK J NAME NAME 355 ALHAMBRA CIRCLE, SUITE 1370 STREET ADDRESS 220 MIRACLE MILE, STE 234 STREET ADDRESS CITY - ST - 71P CORAL GABLES, FL 33134 CITY-ST-ZIP MIAMI, FL 33134 CFO CFOT Change TITLE ☐ Delete TITLE ☐ Addition WEINSTEIN JACK WEINSTEIN, JACK NAME NAME 355 ALHAMBRA CIRCLE, SUITE 1370 STREET ADDRESS STREET ADDRESS 220 MIRACLE MILE, STE 234 MIAMI, FL 33134 CITY - ST - ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition O'KEEFFE CHARLES B. O'KEEFE, CHARLES B NAME NAME 355 ALHAMBRA CIRCLE, SUITE 1370 STREET ADDRESS STREET ADORESS 220 MIRACLE MILE, STE 234 CORAL GABLES, FL 33134 CITY-ST-ZIP MIAMI, FL 33134 CUTY-ST-7IP TITLE [P] Change TITLE Delete ☐ Addition COELHO, PHILIP H NAME COELHO, PHILIP H NAME 355 ALHAMBRA CIRCLE, SUITE 1370 220 MIRACLE MILE, STE 234 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33134 CITY-ST-ZIP CORAL GABLES, FL 33134 Delete ☐ Change VPT ☐ Addition TITLE TITLE TIERNEY, DAVIDS. WEINSTEIN, JACK NAME NAME 355 ALHAUBRA CIRCLE, SUIT 1370 STREET ADDRESS STREET ADDRESS 220 MIRACLE MILE, STE 234 CORAL GABLES, FL 33134 CITY-ST-ZIP MIAMI, FL 33134 CITY-ST-ZIP

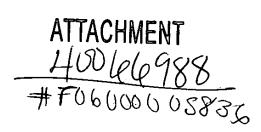
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true at empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a

SIGNATURE:

1108

FILED

ATTACHMENT TO 11.



11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, MILTON J. 355 ALHAMBRA CIRCLE, SUITE 1370 CORAL GABLES, FL 33129	Change	Ø	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change		Addition