

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006527

Entity Name: EKR THERAPEUTICS, INC.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

7 EAST FREDERICK PLACE
CEDAR KNOLLS, NJ 07927

New Principal Place of Business:

Current Mailing Address:

7 EAST FREDERICK PLACE
CEDAR KNOLLS, NJ 07927

New Mailing Address:

FEI Number: 20-3049476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: DST () Delete
Name: DESIMONE, RICHARD
Address: 7 EAST FREDERICK PLACE
City-St-Zip: CEDAR KNOLLS, NJ 07927

Title: D () Delete
Name: WEISMAN, HOWARD
Address: 7 EAST FREDERICK PLACE
City-St-Zip: CEDAR KNOLLS, NJ 07927

Title: P () Delete
Name: KERZNER, CATHY
Address: 7 EAST FREDERICK PLACE
City-St-Zip: CEDAR KNOLLS, NJ 07927

Title: V (X) Delete
Name: MAY, RICHARD
Address: 7 EAST FREDERICK PLACE
City-St-Zip: CEDAR KNOLLS, NJ 07927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: RICHARD DESIMONE

DST

01/04/2007

Electronic Signature of Signing Officer or Director

Date