2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000608

Entity Name: ADAMIS LABORATORIES, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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3848 FAU BLVD 4911 LYONS TECHNOLOGY PKWY SUITE 100 STE 17
BOCA RATON, FL 33431 COCONUT CREEK, FL 33073

Current Mailing Address: New Mailing Address:

3848 FAU BLVD 4911 LYONS TECHNOLOGY PKWY SUITE 100 STE 17
BOCA RATON, FL 33431 COCONUT CREEK, FL 33073

FEI Number: 20-3604105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JAEL BERNARD

3848 FAU BLVD

SUITE 100

BOCA RATON, FL 33431 US

ALOI, RICHARD L PRES.

4911 LYONS TECHNOLOGY PKWY,

STE 17

COCONUT CREEK, FL 33073 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: RICHARD L. ALOI 04/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Delete Title: () Change () Addition
Name: FROST, RICAHRD Name:
Address: 3848 FAU BLVD SUITE 100 Address:

 Address:
 3848 FAU BLVD SUITE 100
 Address:

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:

Name: ALOI, RICAHRD Name: ALOI, RICAHRD

Address: 3848 FAU BLVD SUITE 100 Address: 4911 LYONS TECHNOLOGY PKWY, STE 17

City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete Title: D (X) Change () Addition Name: PARKER, THOMAS C Name: PARKER, THOMAS C

Address: 3848 FAU BLVD SUITE 100 Address: 4911 LYONS TECHNOLOGY PKWY. STE 17

City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: COCONUT CREEK, FL 33073

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: RICHARD L. ALOI PRES 04/29/2009