2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003778

Entity Name: QUINNOVA PHARMACEUTICALS, INC.

FILED Sep 02, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
301 SOUTH STATE STREET STE N001 NEWTOWN, PA 18940				411 SOUTH STATE STREET 3RD FL NEWTOWN, PA 18940			
Current Mailing Address:				New Mailing Address:			
301 SOUTH STATE STREET STE N001 NEWTOWN, PA 18940			411 SOUTH STATE STREET 3RD FL NEWTOWN, PA 18940				
FEI Number:	03-0558298	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 SOUT PLANTATIO	DRATION SYS TH PINE ISLAN DN, FL 33324	ID ROAD US	rnose o	f changing it	s registered	d office or registered agent, or both,	
in the State	of Florida.	abilitis tilis statement for the pur	pose o	r changing it	s registered	Tollice of registered agent, or both,	
SIGNATUR							
		c Signature of Registered Agent	Ĺ			Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$				
Title: Name: Address: City-St-Zip:	D () I BESSELAR, FRI 47 HULFISH STF PRINCETON, NJ	REET STE 210		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DAVIDSON, AAR	BAY DRIVE 27TH FLOOR		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DAY, JEFFREY	TE STREET STE N001		Title: Name: Address: City-St-Zip:	DAY, JEFFR	STATE STREET 3RD FL	
Title: Name: Address: City-St-Zip:	VST () I BRENNAN, CHRI 301 SOUTH STA NEWTOWN, PA	ISTOPHER S TE STREET STE N001		Title: Name: Address: City-St-Zip:	BRENNAN, C	(X) Change () Addition CHRISTOPHER S STATE STREET 3RD FL PA 18940	
Title: Name: Address: City-St-Zip:	GALLAGHER, BE	DRIVE STE 200B		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I KROCHMAI, LIN 15891 SHANNON LOS GATOS, CA	N ROAD		Title: Name: Address: City-St-Zip:	D KROCHMAL, 15891 SHAN LOS GATOS	NON ROAD	

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: CHRISTOPHER S BRENNAN VST 09/02/2008