2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2008 8:00 am Secretary of State

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DOCUMENT # F07000004770 1. Entity Name NEOCYTEX BIOPHARMA, INC.						04-22-2008 90025 035 ***150.00					
Principal Plac	e of Business	Mailing Add	tress				-,-				
12565 RESEARCH PARKWAY 12565 RESEARCH PARKWAY											-
SUITE 300 SUITE 300											
ORLANDO, FL 32826 ORLANDO, FL 32826						'					
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2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					04142008	Chg-P	CR2E03	4 (12/06)	
City & Stat	е	City & Sta	City & State				4. FEI Number			Ar	plied For
						20-5168758				No	t Applicable
Zip Country		Zip Cou			try		5. Certificate o	Status Desired		8.75 Add	
										ee Requirè	d
	6. Name and Address of Current	Registered Ag	ent		B.L. ma		7. Name and A	ddress of New	Registered A	gent .	
CHANDHADY AIR ADD					Name		-				
CHAUDHARY, NILABH 12565 RESEARCH PARKWAY					Street Address (P.O. Box Number is Not Acceptable)						
SUITE 300					<u> </u>			<u> </u>			
), FL 32826										
		•		h	City				<u> </u>	Zip Cod	
									<u>FL</u>	2,5 00	
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											
the obligations of registered agent.											
SIGNATURE											
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinclating) DATE:											
									<u> </u>	1	
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.					cing	\$5.	00 May Be ed to Fees			\	
ATTER M	ay 1, 2008 Fee Will be \$550.	00 '''	usi i unu Contini	ACTION.		MUUI	ed to Fees			1	
10.	OFFICERS AND	DIRECTORS		\$1.			ADDITIONS/C	HANGES TO OF	FICERS AND	DIREC TOR	S IN 11
TITLE	D		☐ Delete	TITLE						Charl ge	☐ Addition
NAME	SUGAYA, KIMINOBU			NAME	:				•	ì	
STREET ADDRESS	12565 RESEARCH PARKWAY #	300	00		ET ADDRESS					Ŷ	
CITY-ST-ZIP	ORLANDO, FL 32826			CITY-	\$1 - Z!P						
TITLE	PD		☐ Delete	TITLE						☐ Change	☐ Addition
NAME	CHAUDHARY, NILABH			NAME	:)					1	
STREET ADDRESS	12565 RESEARCH PARKWAY #	300		STREE	ET ADORESS					1	
CITY-ST-ZIP	ORLANDO, FL 32826			CITY-	ST-ZIP					{	
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STREET ADDRESS				STREE	ET ADDRESS					Ţ	
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12. I hereby certify that the information supplied with this filing 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 trustee 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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