

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004095

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** ARCHER PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

2040 WHITFIELD AVE  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

2040 WHITFIELD AVE  
SARASOTA, FL 34243

**New Mailing Address:**

FEI Number: 26-2589792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRAWFORD, FIONA C  
2040 WHITFIELD AVE  
SARASOTA, FL 34243 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MULLAN, MICHAEL  
Address: 2040 WHITFIELD AVE  
City-St-Zip: SARASOTA, FL 34243

Title: VP  
Name: CRAWFORD, FIONA  
Address: 2040 WHITFIELD AVE  
City-St-Zip: SARASOTA, FL 34243

Title: S  
Name: TOWNSHEND, PETER N  
Address: 4370 LA JOLLA VILLAGE DR SUITE 700  
City-St-Zip: SAN DIEGO, CA 921221252

I hereby 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 all other like empowered.

SIGNATURE: FIONA CRAWFORD

VP

04/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date