2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2010
Secretary of State

DOCUMENT# F09000003687

Entity Name: NOVALAR PHARMACEUTICALS, INC.

Current Principal Place of Business:

12555 HIGH BLUFF DR SUITE 300
SAN DIEGO, CA 92130

New Principal Place of Business:

Current Mailing Address:

12555 HIGH BLUFF DR SUITE 300
SAN DIEGO, CA 92130

New Mailing Address:

FEI Number: 33-0922566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD
Name: JANSON, DONNA
Address: 2647 MERCED PL
City-St-Zip: JAMUL, CA 91935

Title: CEO
Name: JANSON, DONNA
Address: 2647 MERCED PL
City-St-Zip: JAMUL, CA 91935

Title: CFOS
Name: STEFANOVICH, ROBERT
Address: 2010 CHARLEEN CIRCLE
City-St-Zip: CARLSBAD, CA 92008

Title: D
Name: DOVEY, BRIAN
Address: ONE PALMER SQUARE SUITE 515
City-St-Zip: PRINCETON, NJ 08542

Title: D
Name: SAVARESE, JOHN J
Address: 3000 SAND HILL RD BLDG 1 SUITE 260
City-St-Zip: MENIO PARK, CA 940257073

Title: D
Name: SEARS, LOWELL E
Address: 300 THIRD ST SECOND FLOOR SUITE 6
City-St-Zip: LOS ALTOS, CA 940223628

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: ROBERT STEFANOVICH CFO 07/15/2010

Electronic Signature of Signing Officer or Director Date