

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K74001

FILED
Apr 15, 2004
Secretary of State

Entity Name: RESPIRATORY PHARMACEUTICALS, INC.

Current Principal Place of Business:

631 E. OAKRIDGE RD
ORLANDO, FL 32809

New Principal Place of Business:

5501 COMMERCE DR
101
ORLANDO, FL 32839

Current Mailing Address:

631 E. OAKRIDGE RD
ORLANDO, FL 32809

New Mailing Address:

5501 COMMERCE DR
101
ORLANDO, FL 32839

FEI Number: 59-2936576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSTNER, CHARLES F., JR.
6815 SEMINOLE DR
ORLANDO, FL 32812

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OSTNER, CHARLES F. J, R
Address: 6815 SEMINOLE DR
City-St-Zip: ORLANDO, FL

Title: DST () Delete
Name: GRODSKI, WILLIAM J.,
Address: 1836 SENECA BLVD
City-St-Zip: WINTER SPGS, FL

Title: D () Delete
Name: OSTNER, PATRICIA L.,
Address: 6815 SEMINOLE DR
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: GRODSKI, JOAN C
Address: 1836 SENECA BLVD
City-St-Zip: WINTER SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM J. GRODSKI

DST

04/15/2004

Electronic Signature of Signing Officer or Director

_____ Date