2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2007
Secretary of State

DOCUMENT# N00000000788

Entity Name: TALLAHASSEE THERAPETICS, INC.

Current Principal Place of Business:

5405 TRINIDAD DR.
TALLAHASSEE, FL 32305 US

New Principal Place of Business:

Current Mailing Address:

5405 TRINIDAD DR.
TALLAHASSEE, FL 32305 US

New Mailing Address:

FEI Number: 59-3702765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVERINGTON, DEBRA
5405 TRINIDAD
TALLAHASSEE, FL 32305 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: D ( ) Delete
Name: STEINMAN, MOCO
Address: 1406 N MARTIN LUTHER KING BLVD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Delete
Name: ROUX, SHIRLEY
Address: 3000 VALLEY BROOK ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: COOK, HAVEN
Address: 310 N DELLVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: ARDENSEE, MELODY
Address: 1406 N MARTIN LUTHER KING BLVD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: FENTRISS, ANNA C
Address: 4883 HIGHGROVE ROAD
City-St-Zip: TALLAHASSEE, FL 32309 US

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:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA CAM FENTRISS D/T 04/21/2007

Electronic Signature of Signing Officer or Director — Date