


**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90024 041 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P00000072573</b>			
1. Entity Name <b>KENDALL THERAPEUTICS, INC.</b>			
Principal Place of Business <b>1330 CORAL WAY, STE. 200 MIAMI, FL 33145</b>		Mailing Address <b>1330 CORAL WAY, STE. 200 MIAMI, FL 33145</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>7105 SW 8 STREET</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>306</b>	
City & State <b>MIAMI, FLORIDA</b>		4. FEI Number <b>65-1088348</b>	
Zip <b>33144</b>		Country <b>DADE</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>USAN, YAQUELINE 1330 CORAL WAY, STE. 200 MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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: <i>Yaquele Usan</i> (NOTE: Registered Agent signature required when terminating) DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD USAN, YAQUELINE 1330 CORAL WAY, SUITE 200 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.			
SIGNATURE: <i>Yaquele Usan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04-27-07 (305) 226-3443 Date Daytime Phone #	