


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000099269
1. Entity Name
PARTAIN THERAPY, INC.



Principal Place of Business
**37640 SKY RIDGE CIRCLE
DADE CITY, FL 33525**

Mailing Address
**37640 SKY RIDGE CIRCLE
DADE CITY, FL 33525**



03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1056192

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MURPHY, DAVID J ESQ.
14217 THIRD ST.
DADE CITY, FL 33523**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD PARTAIN, DARYN 37640 SKYRIDGE CIRCLE DADE CITY, FL 33525 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD PARTAIN, KELLY 37640 SKYRIDGE CIRCLE DADE CITY, FL 33525 |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

SIGNATURE: *Kelly Partain* **4/13/05** **813779-2429**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #