

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029815

FILED
Jan 29, 2009
Secretary of State

Entity Name: BELCHER PHARMACEUTICALS, INC.

Current Principal Place of Business:

12393 BELCHER RD., STE. 420
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

6950 BRYAN DAIRY ROAD
LARGO, FL 33777

New Mailing Address:

FEI Number: 59-3702070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEKHARAM, KOTHA S
12393 BELCHER RD., STE. 420
LARGO, FL 33773 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MIHIR, TANEJA
Address: 6950 BRYAN DAIRY RD
City-St-Zip: LARGO, FL 33777

Title: CFO () Delete
Name: DORE-FALCONE, CAROL
Address: 6950 BRYAN DAIRY RD
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCFO (X) Change () Addition
Name: DORE-FALCONE, CAROL
Address: 6950 BRYAN DAIRY RD
City-St-Zip: LARGO, FL 33777

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL DORE-FALCONE

VCFO

01/29/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date