2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000053780

Entity Name: ACCU-BREAK PHARMACEUTICALS, INC.

FILED Feb 08, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

1000 S PINE ISLAND RD SUITE 230 PLANTATION, FL 33324 US

Current Mailing Address: New Mailing Address:

1000 S PINE ISLAND RD SUITE 230 PLANTATION, FL 33324 US

FEI Number: 01-0584817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOLOMON, LAWRENCE
7810 AFTON VILLA CT
BOCA RATON, FL 33433
US
GOLDFARB, ROB I
1000 S. PINE ISLAND ROAD
SUITE 230
PLANTATION, FL 33324 US

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: ROB I. GOLDFARB 02/08/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO () Delete Title: D CH (X) Change () Addition Name: SOLOMON, LAWRENCE Name: HAHN, ELLIOT F 1000 S PINE ISLAND RD, STE 230 1000 S PINE ISLAND RD, STE 230 Address: Address: City-St-Zip: PLANTATION, FL 33324 US City-St-Zip: PLANTATION, FL 33324 US Title: Title: () Delete DCEO (X) Change () Addition KAPLAN, ALLAN S Name: LUCKING, DAVID Name:

 Address:
 1000 S PINE ISLAND RD, STE 230
 Address:
 1000 S PINE ISLAND RD, STE 230

 City-St-Zip:
 PLANTATION, FL 33324 US
 City-St-Zip:
 PLANTATION, FL 33324 US

Title: P () Delete Title: D VP (X) Change () Addition

Name: HANN, ELLIOT Name: LUCKING, DAVID

 Address:
 1000 S PINE ISLAND RD, #230
 Address:
 1000 S PINE ISLAND RD, #230

 City-St-Zip:
 PLANTATION, FL 33324
 City-St-Zip:
 PLANTATION, FL 33324

Title: () Delete Title: D () Change (X) Addition Name: NORTON, NIGEL N Address: Address: 1000 S. PINE ISLAND ROAD, #230

City-St-Zip: City-St-Zip: PLANTATION, FL 33324

 Title:
 () Delete
 Title:
 D () Change (X) Addition

 Name:
 Name:
 SOLOMON, LAWERENCE

 Address:
 Address:
 1000 S. PINE ISLAND ROAD, #230

 City-St-Zip:
 City-St-Zip:
 PLANTATION, FL 33324

Title: () Delete Title: VP () Change (X) Addition Name: GREEN, GOEFF

 Address:
 Address:
 1000 S. PINE ISLAND ROAD, #230

 City-St-Zip:
 City-St-Zip:
 PLANTATION, FL 33324

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: ALLAN S. KAPLAN, PH.D. CEO 02/08/2008