

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90206 004 \*\*\*150.00

**DOCUMENT # P01000115942**

1. Entity Name  
**DRUG DELIVERY SYSTEMS, INC.**



Principal Place of Business      Mailing Address  
 3350 N.W. 22ND TERRACE, SUITE 500B      3350 N.W. 22ND TERRACE, SUITE 500B  
 POMPANO BEACH, FL 33069      POMPANO BEACH, FL 33069

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04192004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**NOT APPLICABLE**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

ANGELL CORPORATE SERVICES INC  
 ONE NORTH CLEMATIS STREET  
 SUITE 400  
 WEST PALM BEACH, FL 33401

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** 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 \_\_\_\_\_ 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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME S CHRISTENSEN, EDWIN STREET ADDRESS 5022 NW 104TH WAY CITY-ST-ZIP CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete	TITLE NAME PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME C WALLSLEY, PETER STREET ADDRESS 350 PENSACOLA BEACH BLVD, SUITE 3B CITY-ST-ZIP GULF BREEZE, FL 32562	<input type="checkbox"/> Delete	TITLE NAME 309 LORUNA DRIVE STREET ADDRESS GULF BREEZE, FL 32561 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME D RAVILLI, PATRICK STREET ADDRESS 6000 ROYAL MARCO WAY UNIT PHL CITY-ST-ZIP MARCO ISLAND, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** EDWIN CHRISTENSEN - PRESIDENT      4-19-04      954-935-9588  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #