## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000014418

Entity Name: MICRON PHARMAWORKS, INC.

FILED Jan 11, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11810 RACETRACK RD. 2346 SUCCESS DRIVE TAMPA, FL 33626 ODESSA, FL 33556 **Current Mailing Address: New Mailing Address:** 2346 SUCCESS DRIVE 11810 RACETRACK RD. TAMPA, FL 33626 ODESSA, FL 33556 FEI Number: 02-0540583 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: BUCZYNSKY, PETER BUCZYNSKY, PETER PRES 11810 RACE TRACK ROAD 2346 SUCCESS DRIVE ODESSA, FL 33556 TAMPA, FL 33626 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: PETER BUCZYNSKY 01/11/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ).

Title:

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change ( ) Addition BUCZYNSKY, PETER BUCZYNSKY, PETER Name: Name: 11810 RACE TRACK ROAD 2346 SUCCESS DRIVE Address: Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: ODESSA, FL 33556 ( ) Delete Title: VΡ Title: () Change () Addition BROWER, BEN Name: Name: 1505 BROOKSBEND DR. Address: Address: WESLEY CHAPEL, FL 33543 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition FEDERLE, INGO Name: Name: 28447 GREAT BEND PLACE Address: Address: City-St-Zip: WESLEY CHAPEL, FL 33543 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER BUCZYNSKY **PRES** 01/11/2006