
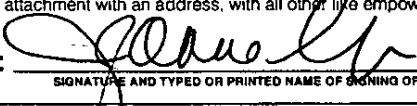


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90033 031 ***158.75

DOCUMENT # P02000031521					
1. Entity Name DOWNTOWN THERAPEUTICS, INC.					
Principal Place of Business 414 SE 9TH COURT FT. LAUDERDALE, FL 33316			Mailing Address 412 SE 9TH COURT FT. LAUDERDALE, FL 33316		
2. Principal Place of Business		3. Mailing Address 414 SE 9th Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 5			
City & State		City & State FT. Lauderdale, FL			
Zip	Country	Zip	Country	4. FEI Number 41-2033356	
33316	US A.	33316	US A.	Applied For Not Applicable	
6. Name and Address of Current Registered Agent GROSSO, JEANNE M 412 SE 9TH COURT FT. LAUDERDALE, FL 33316				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	MISS	GROSSO, JEANNE M MISS	412 SE 9TH COURT		
		FT. LAUDERDALE, FL 33316			
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: 			01/10/05 (954) 463-4083		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		