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Mar 22, 2005 8:00 am
Secretary of State
02-23-2005 90061 014 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

2

DOCUMENT # P02000091533

1. Entity Name
METAGEN PHARMACEUTICAL, INC.

66006745

Principal Place of Business	Mailing Address
1881 W. STATE RD. 84, STE 101 FORT LAUDERDALE, FL 33315 US	1881 W. STATE RD. 84, STE 101 FORT LAUDERDALE, FL 33315 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01122005 Chg-P CR2E034 (10/03)

4. FEI Number: 14-1848875 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLEMAN, WILLIAM T ESQ 200 EAST LAS OLAS BLVD 19TH FLOOR FT LAUDERDALE, FL 33301	Name Street Address (P.O. Box Number is Not Acceptable) City SAME.

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 ______ 1/20/05
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ $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	D FINELEY, GERARD M 2717 NE 14TH STREET FORT LAUDERDALE, FL 33304	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Roseanne Branciforte 1881 W State Rd 84 #101 Ft Lauderdale Fl 33315	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FINLEY, MELANIE L 2717 NE 14TH STREET FORT LAUDERDALE, FL 33304	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: ______ 1/20/05 954 971 9704 X: 222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #