2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000107113

Entity Name: LARASAN PHARMACEUTICAL CORPORATION

FILED Jan 29, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

C/O 5 ELDERBERRY COURT TORONTO, ON M3H 5X8 CA

Current Mailing Address: New Mailing Address:

C/O 5 ELDERBERRY COURT TORONTO, ON M3H 5X8 CA

FEI Number: 75-3117160 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:

NRAI SERVICES, INC. CFRA, LLC

2731 EXECUTIVÉ PARK DRIVE 4221 WEST BOY SCOUT BOULEVARD

SUITE 4 SUITE 100

WESTON, FL 33331 US TAMPA, FL 33607 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: BY: DENNIS J. OLLE, ESQ. 01/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Delete Title: DPS (X) Change () Addition Name: ZELDIN, JUDITH Name: ZELDIN, JUDITH Address: 5 ELDERBERRY COURT Address: 5 ELDERBERRY COURT

Address: 5 ELDERBERRY COURT Address: 5 ELDERBERRY COURT
City-St-Zip: TORONTO, ON M3H5X8 CA City-St-Zip: TORONTO, ON M3H5X8 CA

Title: DIR () Delete Title: DCOB (X) Change () Addition Name: MITROO, SUMAIR Name: KATZ, BERNARD L

Address: 4020 GALT OCEAN MILE, APT. 1607 Address: 31 CRAIGMONT DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33308 US City-St-Zip: TORONTO, ON M2H 1C7 CA

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

 Name:
 Name:
 HYSON, MORTON I DR

 Address:
 Address:
 2020 GOLDRING AVENUE, #402

 City-St-Zip:
 City-St-Zip:
 LAS VEGAS, NV 89106 US

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: JUDITH ZELDIN P 01/29/2009