2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# P03000052014

Entity Name: PHARMAPRO, INC.

Current Principal Place of Business:

3100 NW 2ND AVE., SUITE 213
BOCA RATON, FL 33431

New Principal Place of Business:

3100 NW 2ND AVE
#213
BOCA RATON, FL 33431

Current Mailing Address:

1730 SOUTH FEDERAL HWY., SUITE 270
DELRAY BCH, FL 33483

New Mailing Address:

1730 SOUTH FEDERAL HWY.
#270
DELRAY BCH, FL 33483

FEI Number: 02-0690909 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALTIERI, ANTHONY M
3100 NW 2ND AVE
STE 213
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

ALTIERI, ANTHONY M
3100 NW 2ND AVE
#213
BOCA RATON, FL 33431 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: _____ 04/24/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALTIERI, ANTHONY M
Address: 3100 NW 2ND AVE., SUITE 213
City-St-Zip: BOCA RATON, FL 33431

Title: STD ( ) Delete
Name: ALTIERI, MARIA A
Address: 3100 NW 2ND AVE., SUITE 213
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALTIERI, ANTHONY M
Address: 3100 NW 2ND AVE # 213
City-St-Zip: BOCA RATON, FL 33431

Title: STD (X) Change ( ) Addition
Name: ALTIERI, MARIA A
Address: 3100 NW 2ND AVE # 213
City-St-Zip: BOCA RATON, FL 33431

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: ANTHONY M ALTIERI PRES 04/24/2007
Electronic Signature of Signing Officer or Director — Date