

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143610

Entity Name: MEZOCEUTICALS, INC.

FILED  
Feb 02, 2005  
Secretary of State

## Current Principal Place of Business:

3355 W BEARSS AVE  
TAMPA, FL 33618

## New Principal Place of Business:

18928 ST LAURENT DRIVE  
TAMPA, FL 33558

## Current Mailing Address:

3355 W BEARSS AVE  
TAMPA, FL 33618

## New Mailing Address:

18928 ST LAURENT DRIVE  
TAMPA, FL 33558

FEI Number: 20-2025643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORMAN, ANDREW S ESQ  
3355 W BEARSS AVE  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

DESNOES, ERIKA DR  
18928 ST LAURENT DRIVE  
TAMPA, FL 33558 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: ERIKA DESNOES

02/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FORMAN, ANDREW S ESQ  
Address: 3355 W BEARSS AVE  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: DESNOES, JONN  
Address: 18928 ST LAURENT DR  
City-St-Zip: LUTZ, FL 33558

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DESNOES, JONN DR  
Address: 18928 ST LAURENT DRIVE  
City-St-Zip: TAMPA, FL 33558

Title: D (X) Change ( ) Addition  
Name: DESNOES, ERIKA DR  
Address: 18928 ST LAURENT DR  
City-St-Zip: LUTZ, FL 33558

Title: O ( ) Change (X) Addition  
Name: BERRY, MARGARET  
Address: 16213 SIERRA DE AVILA  
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JONN DESNOES

D

02/02/2005

Electronic Signature of Signing Officer or Director

Date