2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006
Secretary of State

DOCUMENT# P05000024109

Entity Name: NEUROPROPHARMA RESEARCH ASSOCIATES, INC.

Current Principal Place of Business:

802 WEST MARTIN LUTHER KING JR. BLVD
PLANT CITY, FL 33563

New Principal Place of Business:

1749 S. KINGS AVE
BRANDON, FL 33511

Current Mailing Address:

802 WEST MARTIN LUTHER KING JR. BLVD
PLANT CITY, FL 33563

New Mailing Address:

1749 S. KINGS AVE
BRANDON, FL 33511

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUSEMAN, WILLIAM R ESQ.
3733 UNIVERSITY BLVD. WEST
210-B
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RAMIREZ, CARMEN M.D.
Address: 802 WEST MARTIN LUTHER KING JR. BLVD
City-St-Zip: PLANT CITY, FL 33563

Title: VP ( ) Delete
Name: CONLEY, DINA
Address: 802 WEST MARTIN LUTHER KING BLVD.
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: CONLEY, DINA
Address: 1749 S. KINGS AVE
City-St-Zip: BRANDON, FL 33511

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: CARMNE RAMIREZ P 07/13/2006
Electronic Signature of Signing Officer or Director — Date