

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90019 017 \*\*\*150.00

|                                                    |                                                                                   |
|----------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P05000121011</b>                     |  |
| 1. Entity Name<br><b>ACTIVE THERAPEUTICS, INC.</b> |                                                                                   |

|                                                                               |                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br><b>6802 MOONLIT DR<br/>DELRAY BCH FL 33446</b> | Mailing Address<br><b>6802 MOONLIT DR<br/>DELRAY BCH FL 33446</b> |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|

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



1st MOORE CR2E034 (10/05)

*EIN*

|                                    |                                            |
|------------------------------------|--------------------------------------------|
| 4. EIN Number<br><b>74-3155096</b> | Applied For<br><input type="checkbox"/>    |
|                                    | Not Applicable<br><input type="checkbox"/> |

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                        |  |                                                    |  |
|------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>ALEXIADIS, ALKLS<br/>6802 MOONLIT DR<br/>DELRAY BCH FL 33446</b> |  | 7. Name and Address of New Registered Agent        |  |
| Name                                                                                                                   |  | Name                                               |  |
| Street Address (P.O. Box Number is Not Acceptable)                                                                     |  | Street Address (P.O. Box Number is Not Acceptable) |  |
| City                                                                                                                   |  | City                                               |  |
| FL                                                                                                                     |  | Zip Code                                           |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                                                                                                 |                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ALEXIADLS, ALKLS<br/>6802 MOONLIT DR<br/>DELRAY BCH FL 33446</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

|                                                                    |                      |
|--------------------------------------------------------------------|----------------------|
| <b>SIGNATURE:</b> <i>Alkis Alexiadis</i>                           | <b>3/13/06</b>       |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |