

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121011

Entity Name: ACTIVE THERAPEUTICS, INC.

FILED  
Feb 26, 2008  
Secretary of State

## Current Principal Place of Business:

6802 MOONLIT DR  
DELRAY BCH, FL 33446

## New Principal Place of Business:

3162 HAMBLIN WAY  
WELLINGTON, FL 33414

## Current Mailing Address:

6802 MOONLIT DR  
DELRAY BCH, FL 33446

## New Mailing Address:

3162 HAMBLIN WAY  
WELLINGTON, FL 33414

FEI Number: 74-3155096

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALEXIADIS, ALKLS  
6802 MOONLIT DR  
DELRAY BCH, FL 33446 US

## Name and Address of New Registered Agent:

ALEXIADIS, ALKIS  
3162 HAMBLIN WAY  
WELLINGTON, FL 33414 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: ALKIS ALEXIADIS

02/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ALEXIADLS, ALKLS  
Address: 6802 MOONLIT DR  
City-St-Zip: DELRAY BCH, FL 33446

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ALEXIADIS, ALKIS  
Address: 3162 HAMBLIN WAY  
City-St-Zip: WELLINGTON, FL 33414

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: ALKIS ALEXIADIS

DIR.

02/26/2008

Electronic Signature of Signing Officer or Director

Date