

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052553

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: NEPRX MALARIA CURE CORPORATION

## Current Principal Place of Business:

5870 OAK HOLLOW LANE  
OVIEDO, FL 32765

## New Principal Place of Business:

## Current Mailing Address:

5870 OAK HOLLOW LANE  
OVIEDO, FL 32765

## New Mailing Address:

FEI Number: 30-0485539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSEN, ROBERT D  
5870 OAK HOLLOW LANE  
OVIEDO, FL 32765 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JAREB, NICK  
Address: 16027 BROOKHURST STREET, SUITE G-33B  
City-St-Zip: FOUNTAIN VALLEY, CA 92708

Title: VP ( ) Delete  
Name: GUTIERREZ, EDWARD  
Address: 1220 SHAWNEE DRIVE  
City-St-Zip: KISSIMMEE, FL 34744

Title: VP (X) Delete  
Name: BORRERO, ANGEL J  
Address: 3535 NW 13TH STREET  
City-St-Zip: MIAMI, FL 33125

Title: S, T (X) Delete  
Name: ROSEN, ROBERT D  
Address: 5870 OAK HOLLOW LANE  
City-St-Zip: OVIEDO, FL 32765

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition  
Name: ROSEN, ROBERT D  
Address: 5870 OAK HOLLOW LANE  
City-St-Zip: OVIEDO, FL 32765

Title: VP (X) Change ( ) Addition  
Name: JORDAN, JOHN P  
Address: 1181 TRADEPORT DRIVE  
City-St-Zip: ORLANDO, FL 32824

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

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

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: ROBERT ROSEN

PDS

04/16/2009

Electronic Signature of Signing Officer or Director

Date