

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000056881

FILED
Apr 30, 2009
Secretary of State

Entity Name: BRAIN PHARMA, INC.

Current Principal Place of Business:

3000 ISLAND BLVD
APT 1601
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

3000 ISLAND BLVD
APT 1601
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 26-2937773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ETTINGER, DEREK
3812 NORTH 29TH AVENUE
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

ETTINGER, DEREK
3810 NORTH 29TH AVENUE
HOLLYWOOD, FL 33020 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: DEREK ETTINGER

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: ETTINGER, DEREK
Address: 1953 NW 77ND WAY
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: ETTINGER, DEREK
Address: 1953 NW 77ND WAY
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DEREK ETTINGER

MR

04/30/2009

Electronic Signature of Signing Officer or Director

Date