

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000056881

Entity Name: BRAIN PHARMA, INC.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3701 SW 47TH AVE  
STE 104  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

3701 SW 47TH AVE  
STE 104  
DAVIE, FL 33314

**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  
3701 SW 47TH AVE  
STE 104  
DAVIE, FL 33314 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

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: ETTINGER, DEREK  
Address: 3701 SW 47TH AVE STE 104  
City-St-Zip: DAVIE, FL 33314

Title: D  
Name: ETTINGER, DEREK  
Address: 3701 SW 47TH AVE STE 104  
City-St-Zip: DAVIE, FL 33314

I hereby 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 all other like empowered.

SIGNATURE: DEREK ETTINGER

CEO

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date