2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000100577

Entity Name: DANIELS PHARMA GROUP, INC.

FILED Jul 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5100 S CLEVELAND AVE STE 318-360 FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

5100 S CLEVELAND AVE STE 318-360 FORT MYERS, FL 33907

FEI Number: 26-3643901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DANIELS, RHETT S
5352 CHIPPENDALE CIRCLE
FORT MYERS, FL 33919 US

DANIELS, RHETT S
5100 S. CLEVELAND AVE STE 318-360
FORT MYERS, FL 33907 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: 07/19/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: DANIELS, RHETT S Name: DANIELS, RHETT S
Address: 5352 CHIPPENDALE CIRCLE Address: 5100 S. CLEVELAND AVE STE 318-360

City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete Title: PRES (X) Change () Addition

Name: TREZZAS, ELIZABETH A Name: DANIELS, RHETT S

Address: 5352 CHIPPENDALE CIRCLE Address: 5100 S. CLEVELAND AVE STE 318-360

City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33907

Title: () Delete Title: SEC () Change (X) Addition

Name: DANIELS, RHETT S

Address: 5100 S. CLEVELAND AVE STE 318-360

City-St-Zip: City-St-Zip: FORT MYERS, FL 33907

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: RHETT S. DANIELS D 07/19/2009