

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049931

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: SPEAR PHARMACEUTICALS, INC.

## Current Principal Place of Business:

11924 FAIRWAY LAKES DRIVE  
FORT MYERS, FL 33913 US

## New Principal Place of Business:

## Current Mailing Address:

11924 FAIRWAY LAKES DRIVE  
FORT MYERS, FL 33913 US

## New Mailing Address:

FEI Number: 65-0423102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: PSTD ( ) Delete  
Name: SPEAR, K L  
Address: 1247 SUSSEX TURNPIKE, SUITE 120  
City-St-Zip: RANDOLPH, NJ 07889

Title: VD ( ) Delete  
Name: SPEAR, JAYNE  
Address: 1247 SUSSEX TURNPIKE, SUITE 120  
City-St-Zip: RANDOLPH, NJ 07889

Title: D ( ) Delete  
Name: SPEAR, SARAH  
Address: 1247 SUSSEX TURNPIKE, SUITE 120  
City-St-Zip: RANDOLPH, NJ 07889

Title: D ( ) Delete  
Name: SPEAR, RACHEL  
Address: 1247 SUSSEX TURNPIKE, SUITE 120  
City-St-Zip: RANDOLPH, NJ 07889

Title: D ( ) Delete  
Name: SPEAR, EMILY  
Address: 1247 SUSSEX TURNPIKE, SUITE 120  
City-St-Zip: RANDOLPH, NJ 07889

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: K.L. SPEAR

PSTD

02/06/2009

Electronic Signature of Signing Officer or Director

Date