2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2010
Secretary of State

DOCUMENT# P93000049931

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
Name: SPEAR, K L
Address: 1247 SUSSEX TURNPIKE, SUITE 120
City-St-Zip: RANDOLPH, NJ 07889

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

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

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

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

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: K.L. SPEAR PRES 01/08/2010

Electronic Signature of Signing Officer or Director Date