

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P93000049931

**FILED**  
**Mar 04, 2012**  
**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:**

15016 PRATOLINO WAY  
NAPLES, FL 34110 US

**Current Mailing Address:**

11924 FAIRWAY LAKES DRIVE  
FORT MYERS, FL 33913 US

**New Mailing Address:**

15016 PRATOLINO WAY  
NAPLES, FL 34110 US

**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.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: PSTD  
Name: SPEAR, K L  
Address: 15016 PRATOLINO WAY  
City-St-Zip: NAPLES, FL 34110

Title: VD  
Name: SPEAR, JAYNE  
Address: 15016 PRATOLINO WAY  
City-St-Zip: NAPLES, FL 34110

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

03/04/2012

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

\_\_\_\_\_  
Date