


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90172 045 ***158.75

DOCUMENT # P94000002894

1. Entity Name
LEO PHARMA, INC.



Principal Place of Business 7820 PETERS ROAD SUITE E-100 PLANTATION, FL 33324 US	Mailing Address 7820 PETERS ROAD SUITE E-100 PLANTATION, FL 33324 US
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04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0469932	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEISSMAN & DERVISHI, P.A.
 ATTN: JEFFREY M. WEISSMAN
 3109 STIRLING RD., SUITE 101
 FT. LAUDERDALE, FL 33312**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FICK, KRISTIAN L 7820 PETERS RD., STE E-100 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC MOSES, GRACE 7820 PETERS RD., STE E-100 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KALLESTRUP, PETER C INDUSTRPARKEN 55 BALLERUP DK-2750, DK DENMARK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Grace Moses **Grace Moses** 12 Apr 2007 954748174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #