

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002894

Entity Name: LEO PHARMA, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

7820 PETERS ROAD
SUITE E-100
PLANTATION, FL 33324 US

Current Mailing Address:

7820 PETERS ROAD
SUITE E-100
PLANTATION, FL 33324 US

New Principal Place of Business:

1571 SAWGRASS CORPORATE PARKWAY
SUITE 120
SUNRISE, FL 33323 US

New Mailing Address:

1571 SAWGRASS CORPORATE PARKWAY
SUITE 120
SUNRISE, FL 33323 US

FEI Number: 65-0469932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEISSMAN & DERVISHI, P.A.
ATTN: JEFFREY M. WEISSMAN
3109 STIRLING RD., SUITE 101
FT. LAUDERDALE, FL 33312 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: P () Delete
Name: FICK, KRISTIAN L
Address: 7820 PETERS RD., STE E-100
City-St-Zip: PLANTATION, FL 33324

Title: FC () Delete
Name: MOSES, GRACE
Address: 7820 PETERS RD., STE E-100
City-St-Zip: PLANTATION, FL 33324

Title: CD () Delete
Name: KALLESTRUP, PETER C
Address: INDUSTRPARKEN 55
City-St-Zip: BALLERUP DK-2750, DK DENMARK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: OLESEN, JENS B
Address: 55 INDUSTRIPARKEN
City-St-Zip: BALLERUP DK-2750, DK DENMARK DK

Title: FC (X) Change () Addition
Name: MOSES, GRACE
Address: 1571 SAWGRASS CORPORATE PKWY, SUITE 120
City-St-Zip: SUNRISE, FL 33323 US

Title: PST (X) Change () Addition
Name: KALLESTRUP, PETER C
Address: 1571 SAWGRASS CORPORATE PKWY, SUITE 120
City-St-Zip: SUNRISE, FL 33323 US

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: GRACE MOSES

FC

03/23/2009

Electronic Signature of Signing Officer or Director

Date