

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000060105

Entity Name: ENDORPHIN, INC.

FILED
Jan 30, 2008
Secretary of State

Current Principal Place of Business:

6901 90TH AVENUE NORTH
PINELLAS PARK, FL 33782

New Principal Place of Business:

Current Mailing Address:

6901 90TH AVENUE NORTH
PINELLAS PARK, FL 33782

New Mailing Address:

FEI Number: 59-3397106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEQUIGNOT, MARGOT
1501A BELCHER ROAD SOUTH
LARGO, FL 34666 US

Name and Address of New Registered Agent:

CASTAGNA LAW FIRM, P.A.
611 DRUID ROAD EAST
SUITE 710
CLEARWATER, FL 33756 US

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: EDWARD C CASTAGNA JR

01/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: PETERSEN, DAVID A M.D.
Address: 6901 90TH AVENUE NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: VPD (X) Delete
Name: SMITH, VINCENT J
Address: 6901 90TH AVENUE NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: PD (X) Delete
Name: DOULGERIS, JAMES
Address: 6901 90TH AVENUE NORTH
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, VINCENT J
Address: 6901 90TH AVENUE NORTH
City-St-Zip: PINELLAS PARK, FL 33782

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: VINCENT J SMITH

PD

01/30/2008

Electronic Signature of Signing Officer or Director

Date