


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000075727</b>	
1. Entity Name FIRST STEP THERAPEUTICS, INC.	

Principal Place of Business 201 S. HALIFAX DRIVE ORMOND BEACH, FL 32176-6519 US	Mailing Address 201 S. HALIFAX DRIVE ORMOND BEACH, FL 32176-6519 US
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**DO NOT WRITE IN THIS SPACE**



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3340699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

CORWIN, JAMES  
201 S. HALIFAX DRIVE  
ORMOND BEACH, FL 32176-6519

**DO NOT WRITE IN THIS SPACE**

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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORWIN, JAMES W 201 S HALIFAX DR ORMOND BEACH, FL 321766519
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02/26/04-80053-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 off an attachment with an address, with all other like empowered

SIGNATURE:  2/24/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/14/04:JFW:ES:cl