2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# P97000060524

Entity Name: AERO PHARMACEUTICALS, INC.

Current Principal Place of Business:

3848 FAU BOULEVARD
SUITE 100
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

3848 FAU BOULEVARD
SUITE 100
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0769029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PTS ( ) Delete
Name: ALOI, RICHARD L
Address: 1935 SW 8TH ST.
City-St-Zip: BOCA RATON, FL 33486

Title: CHRM ( ) Delete
Name: FROST, RICHARD
Address: 3848 FAU BLVD,. STE 100
City-St-Zip: BOCA RATON, FL 33431

Title: COO (X) Delete
Name: LANPHER, TED
Address: 3848 FAU BLVD,. STE 100
City-St-Zip: BOCA RATON, FL 33431

Title: CFO ( ) Delete
Name: SHAHINIAN, DIANA
Address: 3848 FAU BLVD,. STE 100
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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 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: DIANA SHAHINIAN CFO 01/25/2005

Electronic Signature of Signing Officer or Director — Date