2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 03, 2007 8:00 am Secretary of State DOCUMENT # P97000060524 04-03-2007 90018 014 ***150.00 AERO PHARMACEUTICALS, INC. Principal Place of Business Mailing Address 3848 FAU BOULEVARD 3848 FAU BOULEVARD SUITE 100 SUITE 100 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0769029 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 City Zip Code 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 Signature, typed or printed harne of registered agent and title i applicable (NOTE: Registered Agent signalure required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 10. 11. THILE TITLE Change Addition ALOI, RICHARD L NAMI NAME. Blub 1935 SW 8TH ST. 4400 BisayNe STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY - ST - ZIP CHY SI-ZIP CHRM TITLE Delete ☐ Change Addition FROST, RICHARD NAMI 3848 FAU BLVD,. STE 100 STREET ADDRESS STREET ADDRESS みらつぎ **BOCA RATON FL 33431** CITY-ST-ZIP CITY SE ZIP CFO TITLE Delete TITLE Echerton ☐ Change ☐ Addition SHAHINIAN, DIANA NAME NAM 3848 FAU BLVD., STE 100 CITEL LADDRESS SIDELL ADDRESS **BOCA RATON FL 33431** Above CITY ST-7IP CHY ST ZIP TITLE Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-7IP CITY ST 7IP HILE ☐ Delete Change Addition NAME NAME STREET ADDRESS STRUCT ADDRESS CBY ST-7IP CITY ST 7IP THE Delete ☐ Change ☐ Addition NAME NAMI STREET ADDRESS STREET LAODRESS CTTY-ST-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME O

FILED