2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000087259

Entity Name: VITAL PHARMA, INC.

Current Principal Place of Business:

FILED Apr 20, 2009 Secretary of State

20 CAMPUS ROAD TOTOWA, NJ 07512 US

Current Mailing Address: New Mailing Address:

20 CAMPUS ROAD TOTOWA, NJ 07512 US

FEI Number: 65-0536425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

New Principal Place of Business:

THE PRENTICE HALL CORPORATION SYSTEM

1201 HAYS STREET, SUITE 105 TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 CEO (X) Change () Addition

 Name:
 WALL, TERENCE D
 Name:
 CHANIN, ALEX

 Address:
 160 LLOYD ROAD
 Address:
 20 CAMPUS RD

Address: 160 LLOYD ROAD Address: 20 CAMPOS RD
City-St-Zip: MONTCLAIR, NJ 07042 City-St-Zip: TOTOWA, NJ 07512 US

Title: VD () Delete Title: CFO (X) Change () Addition Name: WICKER, BARRY Name: MISHLER, MARK

Address: 75 CHEROKEE COURT Address: 20 CAMPUS RD
City-St-Zip: SPARTA, NJ 07871 City-St-Zip: TOTOWA, NJ 07512 US

Title: S (X) Delete Title: () Change () Addition

 Name:
 STURM, JAY
 Name:

 Address:
 1004 WESTWOOD AVE
 Address:

 City-St-Zip:
 STATEN ISLAND, NY 10314
 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: MARK MISHLER CFO 04/20/2009