
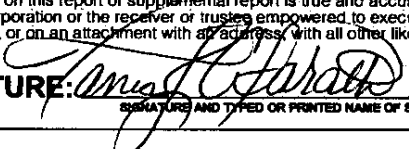


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90402 018 \*\*\*150.00

<b>DOCUMENT # V44928</b> 1. Entity Name <b>ENDO-THERAPEUTICS, INC.</b>					
Principal Place of Business <b>1183 CEDAR ST. SAFETY HARBOR, FL 34695 US</b>			Mailing Address <b>1183 CEDAR ST. SAFETY HARBOR, FL 34695 US</b>		
2. Principal Place of Business <b>15251 ROOSEVELT BLVD.</b>		3. Mailing Address <b>15251 ROOSEVELT BLVD.</b>			
Suite, Apt. #, etc. <b>#204</b>		Suite, Apt. #, etc. <b>#204</b>			
City & State <b>CLEARWATER, FL</b>		City & State <b>CLEARWATER, FL</b>			
Zip <b>33760</b>	Country <b>USA</b>	Zip <b>33760</b>	Country <b>USA</b>	4. FEI Number <b>59-3142753</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHARLES T. HARDY 1647 BRANDY WINE WAY DUNEDIN, FL 34698</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARDY, CHARLES T 1647 BRANDYWINE WAY DUNEDIN, FL 36498	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CEFARATTI, TANIA J 3173 BELCHER RD DUNEDIN, FL 34698	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, JANET K 1647 BRANDY WINE WAY DUNEDIN, FL 34698	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUERIDO, ROBERT 1349 FORESTEDGE BLVD. OLDSMAR, FL 34677	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.					
<b>SIGNATURE:</b>  <b>TANIA J. CEFARATTI</b> <b>4/20/06</b> <b>727-538-9570</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					