2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 29, 2011
Secretary of State

DOCUMENT# V56826

Entity Name: BRECKENRIDGE PHARMACEUTICAL, INC.

Current Principal Place of Business:

1141 S ROGERS CIRCLE
SUITE 3
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

1141 S ROGERS CIRCLE
SUITE 3
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-0352825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUNSDORF, LAURENCE D
1141 S ROGERS CIRCLE STE 3
BOCA RATON, FL 33487 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

OFFICERS AND DIRECTORS:

Title: CHMN
Name: ESTEVE, ALBERT
Address: AVDA. MARE DE DEU DE MONTSERRAT, 221
City-St-Zip: BARCELONA, SP 08041 SP

Title: PRES
Name: RUNSDORF, LAURENCE D
Address: 1141 S. ROGERS CIRCLE, SUITE 3
City-St-Zip: BOCA RATON, FL 33487 US

Title: VP
Name: ESTEVE, JORDI
Address: AVDA, MARE DE DEU DE MONTSERRAT, 221
City-St-Zip: BARCELONA, SP 08041 SP

Title: VP
Name: NAVARRO, FRANCESC
Address: RAMBLA CATALUNYA, 123 ATIC 1A
City-St-Zip: BARCELONA, SP 08008 SP

Title: SECR
Name: FAUS, JORDI
Address: RAMBLA CATALUNYA, 127
City-St-Zip: BARCELONA, SP 08008 SP

I hereby 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 all other like empowered.

SIGNATURE: LAURENCE D. RUNSDORF PRES 03/29/2011

Electronic Signature of Signing Officer or Director — Date