

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V57953

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: NEPHRON PHARMACEUTICALS CORPORATION

**Current Principal Place of Business:**

4121 34TH STREET  
ORLANDO, FL 32811 US

**New Principal Place of Business:**

**Current Mailing Address:**

711 W HARVARD ST  
ORLANDO, FL 32804 US

**New Mailing Address:**

4121 SW 34TH STREET  
ORLANDO, FL 32811 US

FEI Number: 93-1065757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KENNEDY, WILLIAM P  
4121 34TH STREET  
ORLANDO, FL 32811 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: DP ( ) Delete  
Name: KENNEDY, WILLIAM P CEO  
Address: 4121 34TH STREET  
City-St-Zip: ORLANDO, FL 32811 US

Title: VP ( ) Delete  
Name: PRICE, JEFFREY L VP OPER  
Address: 4121 SW 34TH ST.  
City-St-Zip: ORLANDO, FL 32811 US

Title: VP ( ) Delete  
Name: MEADOWS, KATHERINE M VP REG  
Address: 4121 SW 34TH ST.  
City-St-Zip: ORLANDO, FL 32811 US

Title: T ( ) Delete  
Name: ROBERTS, SONJA M TREAS  
Address: 4121 SW 34TH ST.  
City-St-Zip: ORLANDO, FL 32811 US

Title: S ( ) Delete  
Name: LEE, BARBARA J SEC  
Address: 4121 SW 34TH ST.  
City-St-Zip: ORLANDO, FL 32811 US

Title: VP ( ) Delete  
Name: LUGO, RAUL VP-PROD  
Address: 4121 S W 34 TH ST.  
City-St-Zip: ORLANDO, FL 32811 US

**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:

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: WILLIAM P. KENNEDY

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date