No. C 150439		Due no later than Aug 31, 2007 Annual Report Form			2. Registered Agent and Address (NO PO BOX)			
Return to:				ARTHUR R LITCHFIELD JR				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.			1205 HWY 20			
		NEPHRON PHARMACEUTICALS CORPORATION 4121 SW 34TH ST ORLANDO FL 32811			MOUNTAIN HOME ID 83647			
					3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of P	resident, Secretary, and Directors. Treas	surer (d	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT WILLIAM P SECRETARY BARBARA LE			4121 SW 34TH STREET 4121 SW 34TH ST		ORLANDO ORLANDO	FL FL	USA USA	32811 32811
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
FL C 150439		Signature: Barbara Lee			Date: 08/31/2007			
		Name (type or print): Barbara Lee			Title: Secretary			
Processed 08/31/2007		* Electronically pro	ovided signatures are accepted as origina	al signa	itures.			