


ANNUAL REPORT (AR)

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 254281 1. Entity Name PEARL STREET PHARMACY, INC.	
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Principal Place of Business % JAMES PHILLIP BROWN 312 W 8TH ST. JACKSONVILLE FL 32206	Mailing Address % JAMES PHILLIP BROWN 312 W 8TH ST. JACKSONVILLE FL 32206
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-0941425	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROWN, JAMES PHILIP 1342 MARLEE ROAD SWITZERLAND FL 32259	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	BROWN, JAMES P	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1342 MARLEE RD	STREET ADDRESS	
CITY - ST - ZIP	SWITZERLAND, FLA 00000	CITY - ST - ZIP	
TITLE	DVT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLDER, ANNETTE	NAME	
STREET ADDRESS	4839 MONICA F RD, #7	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32208	CITY - ST - ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOHN P	NAME	
STREET ADDRESS	335 WEST 8TH ST	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32206	CITY - ST - ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOINS, ANNETTE	NAME	
STREET ADDRESS	1303 LAURA ST	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32206	CITY - ST - ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, LINDA S	NAME	
STREET ADDRESS	2121 N DAVIS ST	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32206	CITY - ST - ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JAMES	NAME	
STREET ADDRESS	PO BOX 72	STREET ADDRESS	
CITY - ST - ZIP	SUMMERLAND CA 93067	CITY - ST - ZIP	

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03/09/05-80007-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: James Phillip Brown 3-7-05 904 955 0237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if