

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003309

FILED
Apr 26, 2010
Secretary of State

Entity Name: AMERICAN ASSOCIATED PHARMACIES INC.

Current Principal Place of Business:

211 LONNIE E CRAWFORD BLVD
SCOTTSBORO, AL 35769

New Principal Place of Business:

Current Mailing Address:

211 LONNIE E CRAWFORD BLVD
SCOTTSBORO, AL 35769

New Mailing Address:

FEI Number: 27-0457933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PCEO
Name: COPELAND, JON
Address: 211 LONNIE E. CRWAFORD BLVD.
City-St-Zip: SCOTTSBORO, AL 35769

Title: ST
Name: CARLIN, PAUL
Address: 211 LONNIE E. CRWAFORD BLVD.
City-St-Zip: SCOTTSBORO, AL 35769

Title: C
Name: COULTER, BOB
Address: 1123 ADAMS AVENUE
City-St-Zip: LEGRANDE, OR 97850

Title: D
Name: CLINKSCALES, HENRY
Address: 727 ANDERSON STREET
City-St-Zip: BELTON, SC 29627

Title: D
Name: DAMRON, WAYNE
Address: 106 SOUTH ELK AVE
City-St-Zip: FAYETTEVILLE, TN 37367

Title: D
Name: GLISSON, GARY
Address: 117 W CHURCH STREET
City-St-Zip: NASHVILLE, NC 27856

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: JON COPELAND

PCEO

04/26/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date