

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H07652

FILED
Mar 28, 2008
Secretary of State

Entity Name: D & K DRUGS, INC.

Current Principal Place of Business:

1209 DELAWARE AVE
FT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

2025 MIMOSA AVE
FT PIERCE, FL 34949 US

New Mailing Address:

FEI Number: 59-2424416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORMAN, ROBERT J.
1209 DELAWARE AVE
FT. PIERCE, FL 34950 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: PD () Delete
Name: SIANO, DOMINIC,
Address: 2025 MIMOSA AVE.
City-St-Zip: FT PIERCE, FL 34949

Title: STD () Delete
Name: SIANO, KATHY,
Address: 2025 MIMOSA AVE.
City-St-Zip: FT PIERCE, FL 34949

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SIANO, KATHY,
Address: 2025 MIMOSA AVE.
City-St-Zip: FT PIERCE, FL 34949

Title: SD () Change (X) Addition
Name: DOMINIC, SIANO JR.
Address: 846 SW ROCKY BAYOU TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34986 SL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KATHY SIANO

TREA

03/28/2008

Electronic Signature of Signing Officer or Director

_____ Date