

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000110735

Entity Name: SINUSPHARMACY, INC.

FILED
Mar 29, 2004
Secretary of State

Current Principal Place of Business:

6430 VIA REAL
SUITE 8
CARPINTERIA, CA 93013 US

New Principal Place of Business:

Current Mailing Address:

250 TECHNOLOGY PARK
ATTN LEGAL DEPT
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 56-2394216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: P D () Delete
Name: COSLER, STEVEN D
Address: 250 TECHNOLOGY PARK
City-St-Zip: LAKE MARY, FL 32746 US

Title: S () Delete
Name: SHANAHAN, REBECCA
Address: 250 TECHNOLOGY PARK
City-St-Zip: LAKE MARY, FL 32746 US

Title: T () Delete
Name: SAFT, STEVEN
Address: 250 TECHNOLOGY PARK
City-St-Zip: LAKE MARY, FL 32746 US

Title: D () Delete
Name: PERFETTO, DONALD J
Address: 250 TECHNOLOGY PARK
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: COSLER, STEVEN D
Address: 250 TECHNOLOGY PARK
City-St-Zip: LAKE MARY, FL 32746 US

Title: DVPS (X) Change () Addition
Name: SHANAHAN, REBECCA M
Address: 250 TECHNOLOGY PARK
City-St-Zip: LAKE MARY, FL 32746 US

Title: DVPT (X) Change () Addition
Name: SAFT, STEPHEN M
Address: 250 TECHNOLOGY PARK
City-St-Zip: LAKE MARY, FL 32746 US

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: STEPHEN M. SAFT

DVPT

03/29/2004

Electronic Signature of Signing Officer or Director

_____ Date