2006 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business ONE CVS DR WOONSOKET, RI 02895 2. Principal Place of Business Suite, Apt. 4. Re. Suite	DOCUMENT # P0000044413 1. Entity Name BUSCH CVS, INC.						06 APR :	FILEC 21 PH	3: 32	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite Sui	ONE CVS DR ONE CVS DRIVE WOONSOCKET, RI 02895 LEGAL DEPARTME									181 188 1
City & State	2. Principal Pla	ace of Business	3. Mailing Address							
Country Zip Country Zip Country St. Certificate of Status Desired St. 75. Additional File Required St. 75	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03212006	Chg-P	CR2E03	34 (11/05)	
S. Certificate of Statute Desired Fee Required	City & State		City & State						<u> </u>	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324 City FL Zip Code	Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curren	t Registered Agent							
8. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed roame of inquitered agent and their applicable. (NOTE Registered Agent stophature recursed when remastance) DATE	1200 S. PIN	NE ISLAND RD	Street		Street Address (P.O. Box Numb	er is Not Acceptable	9)		
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SIGNATURE Signature, typed or privated rame of registered agent appealance recurred when reinstationg) DATE			or the purpose of changing its	registere	ed office or register	ed agent, or bo	oth, in the State of Flo	orida. I am f	amiliar with, a	and accept
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.										
changed, or on an attachment with an address, with all differ inke empowered.	SIGNATURE Sudum Cembin Linda Cimbron Assistant Secretary 4/5/06 401-765-1500									500