


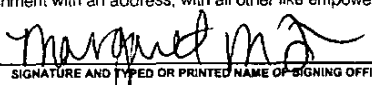
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90183 015 ***150.00

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DOCUMENT # F96000003380					
1. Entity Name PFIZER INC.					
Principal Place of Business 235 E. 42ND ST. NEW YORK, NY 10017			Mailing Address 150 EAST 42ND ST, 38TH FLOOR NEW YORK, NY 10017		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-5315170	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KINDLER, JEFFREY B		NAME		
STREET ADDRESS	235 E. 42ND ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORAN, MARGARET M		NAME		
STREET ADDRESS	235 E. 42ND ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHEDLARZ, DAVID L		NAME	CFO	
STREET ADDRESS	235 E 42ND ST		STREET ADDRESS	Alan Levin	
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP	235 E. 42nd St.	
				New York, NY 10017	
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKINNELL, HENRY A		NAME		
STREET ADDRESS	235 E. 42ND ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, MICHAEL S		NAME		
STREET ADDRESS	235 E. 42ND ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PASSOV, MICHAEL S		NAME	Treasurer	
STREET ADDRESS	235 EAST 42ND ST		STREET ADDRESS	Passov, Richard A.	
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP	235 E. 42nd St.	
				New York, NY 10017	
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.					
SIGNATURE: 		Margaret M. Foran		5/1/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	