2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 153493

Entity Name: THE PRESCRIPTION SHOP, INC.

FILED Apr 11, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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534 CENTRAL AVE

ST PETERSBURG, FL 337010798

Current Mailing Address: New Mailing Address:

534 CENTRAL AVE ST PETERSBURG, FL 337013798 US

FEI Number: 59-0574709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HORNE, JAMES J 16503 AVILA BLVD TAMPA, FL 33613 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 HORNE, JAMES J.,
 Name:
 HORNE, JAMES J.

 Address:
 16503 AVILA BLVD.
 Address:
 16503 AVILA BLVD.

 City-St-Zip:
 TAMPA, FL 33613
 City-St-Zip:
 TAMPA, FL 33613

Title: TD () Delete Title: TD (X) Change () Addition

Name: KINTER, MICHAEL G., Address: 1841 OCEAN VIEW DRIVE Address: 2 SAINT PETERSBURG, FL 33715 City-St-Zip: SAINT PETERSBURG, FL 33715

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES J HORNE PD 04/11/2006