

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 246787

FILED
Apr 26, 2005
Secretary of State

Entity Name: MICHELS BELLEAIR BLUFFS PHARMACY, INC.

Current Principal Place of Business:

2979 W. BAY DRIVE #11
BELLEAIR BLUFFS, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

2979 W. BAY DRIVE #11
BELLEAIR BLUFFS, FL 33770 US

New Mailing Address:

1560 GULF BLVD
#1401
CLEARWATER, FL 33767 US

FEI Number: 59-0939120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHELS,STANLEY
2979 W. BAY DRIVE #11
LARGO, FL 33770 US

Name and Address of New Registered Agent:

MICHELS,STANLEY
1560 GULF BLVD.
#1401
CLEARWATER, FL 33767 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: STANLEY MICHELS

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MICHELS,STANLEY,
Address: 2979 W. BAY DRIVE #11
City-St-Zip: BELLEAIR BLUFFS, FL

Title: D () Delete
Name: MICHELS,IDA ANN,
Address: 2979 W. BAY DRIVE #11
City-St-Zip: BELLEAIR BLUFFS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MICHELS,STANLEY,
Address: 1560 GULF BLVD., #1401
City-St-Zip: CLEARWATER, FL 33767 US

Title: D (X) Change () Addition
Name: MICHELS,IDA ANN,
Address: 1560 GULF BLVD.,#1401
City-St-Zip: CLEARWATER, FL 33767 US

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: STANLEY MICHELS

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

Date