2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2010
Secretary of State

DOCUMENT# 254281

Entity Name: PEARL STREET PHARMACY,INC.

Current Principal Place of Business:

JAMES PHILLIP BROWN
312 W 8TH ST.
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

JAMES PHILLIP BROWN
312 W 8TH ST.
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-0941425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, JAMES PHILIP
1342 MARLLEE ROAD
SWITZERLAND, FL 32259 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

OFFICERS AND DIRECTORS:

Title: PD
Name: BROWN, JAMES P
Address: 1342 MARLEE RD
City-St-Zip: SWITZERLAND, FLA 00000, FL 32206

Title: D
Name: HAGERAHAMA, AFAFF
Address: 500 ACME ST #1204
City-St-Zip: JACKSONVILLE, FL 32211

Title: D
Name: BROWN, JOHN P
Address: 335 WEST 8TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: D
Name: GOINS, ANNETTE
Address: 1303 LAURA ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: D
Name: JOHNSON, SHANEKA
Address: 335 W 8TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: D
Name: BROWN, JAMES
Address: PO BOX 72
City-St-Zip: SUMMERLAND, CA 93067

I hereby 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 all other like empowered.

SIGNATURE: JAMES BROWN RA 09/17/2010

Electronic Signature of Signing Officer or Director — Date