2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 293052

Entity Name: CHARLES PHARMACY INC

FILED Apr 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5987 BERRYHILL RD 5987 BERRYHILL RD MILTON, FL 32570 5987 BERRYHILL RD US MILTON, FL 32570 US

Current Mailing Address: New Mailing Address:

5987 BERRYHILL RD MILTON, FL 32570 US

FEI Number: 59-1095372 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:

MARCHETA VANLANDINGHAM VANLANDINGHAM, CHARLES F 6253 WILLARD NORRIS RD. 6253 WILLARD NORRIS RD. MILTON, FL 32570 MILTON, FL 32570

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: CHARLES F VANLANDINGHAM 04/11/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name: Address: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition VANLANDINGHAM, CHARLE, S F VANLANDINGHAM, CHARLES F Name: Name: 6253 WILLARD NORRIS RD. 6253 WILLARD NORRIS RD. Address: Address:

City-St-Zip: MILTON, FL City-St-Zip: MILTON FL

VD Title: VD (X) Change () Addition Title: () Delete Name: WILLIAMS, OSWELL JR, Name: WILLIAMS, OSWELL

5341 BISHOP RD. 5341 BISHOP RD. Address: Address: MILTON, FL MILTON, FL City-St-Zip: City-St-Zip:

Title: Title: MDS () Delete MDS (X) Change () Addition VANLANDINGHAM, MARCH, ETA VANLANDINGHAM, MARCHETA Name: Name: 6253 WILLARD NORRIS RD 6253 WILLARD NORRIS RD Address: Address:

City-St-Zip: MILTON, FL City-St-Zip: MILTON, FL

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

WILLIAMS, ELAINE, WILLIAMS, ELAINE Name: 5341 BISHOP RD. Address: 5341 BISHOP RD. City-St-Zip: City-St-Zip: MILTON, FL MILTON, FL

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: CHARLES F VANLANDINGHAM PD 04/11/2006