2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 457207

Entity Name: MY PHARMACY, INC.

Current Principal Place of Business:

15043 SOUTH DIXIE HIGHWAY
MIAMI, FL 33176

New Principal Place of Business:

806 NORTH KROME AVENUE
HOMESTEAD, FL 33030

Current Mailing Address:

15043 SOUTH DIXIE HIGHWAY
MIAMI, FL 33176

New Mailing Address:

806 NORTH KROME AVENUE
HOMESTEAD, FL 33030

FEI Number: 59-1543884 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARSHOFSKY, GERALD
15043 SOUTH DIXIE HIGHWAY
MIAMI, FL 33176 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WARSHOFSKY, GERALD,
Address: 15043 SOUTH DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33176

Title: ST ( ) Delete
Name: SMITH, ORIN,
Address: 15043 SOUTH DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33176

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WARSHOFSKY, GERALD,
Address: 806 NORTH KROME AVENUE
City-St-Zip: HOMESTEAD, Q 33030

Title: ST (X) Change ( ) Addition
Name: SMITH, ORIN,
Address: 806 NORTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: V ( ) Change (X) Addition
Name: WARSHOFSKY, DAVID,
Address: 806 NORTH KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify 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: WARSHOFSKY,GERALD P 01/15/2009

Electronic Signature of Signing Officer or Director — Date