2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# 529746

Entity Name: DELRAY SHORES PHARMACY, INC.

Current Principal Place of Business:

601 N. CONGRESS AVE
#407
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

601 N. CONGRESS AVE
#407
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 59-1723387 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DILDINE, THOM
601 N.CONGRESS AVE
#407
DELRAY BEACH, FL 33445 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: PD ( ) Delete
Name: DILDINE, THOM,
Address: 601 N. CONGRESS AVE #407
City-St-Zip: DELRAY BEACH, FL 33445

Title: S/T ( ) Delete
Name: DILDINE, CAROL ANN,
Address: 601 N.CNGRESS AVE #407
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP ( ) Delete
Name: DILDINE,JR., THOMAS L
Address: 4407 TUSCANY WAY
City-St-Zip: BOYN BEACH, FL 33435 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DILDINE, THOM,
Address: 921 OSCEOLA DR #10
City-St-Zip: BOCA RATON, FL 33432

Title: S/T (X) Change ( ) Addition
Name: DILDINE, CAROL ANN,
Address: 921 OSCEOLA DR #10
City-St-Zip: BOCA RATON, FL 33432

Title: VP (X) Change ( ) Addition
Name: DILDINE,JR., THOMAS L
Address: 4413 CYCAD LANE
City-St-Zip: BOYNTON BEACH, FL 33436 US

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: THOM DILDINE PD 03/22/2009

Electronic Signature of Signing Officer or Director — Date