2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 583828

FILED Aug 22, 2007 Secretary of State

Entity Name: HARRINGTON'S PROFESSIONAL ARTS PHARMACY, INC.

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

848 1ST AVE., N. NAPLES, FL 341026063 US

Current Mailing Address: New Mailing Address:

848 1ST AVE., N. NAPLES, FL 341026063 US 5420 PALOMA BLANCA DR FORT WORTH, TX 761797500 US

FEI Number: 59-1839808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAYES, SUANN E 4005 GULFSHORE BLVD #905 NAPLES, FL 34103

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

HAYES, SUANN E. HAYES, SUANN E. Name: Name: 4005 GULFSHORE BLVD. #905 Address: 5420 PALOMA BLANCA DR Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: FORT WORTH, TX 761797500 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: SUANN E HAYES **PRES** 08/22/2007