
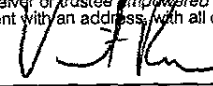


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000004110 1. Entity Name BELCO DRUG CORP.		
Principal Place of Business 5500 NEW HORIZONS BLVD. N. AMITYVILLE, NY 11701		Mailing Address 5500 NEW HORIZONS BLVD. N. AMITYVILLE, NY 11701
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000383369 01/12/06-80051-005 158.75
TITLE	C	DO NOT WRITE IN THIS SPACE
NAME	SCHUSS, ERIC	
STREET ADDRESS	5500 NEW HORIZONS BLVD.	
CITY-ST-ZIP	N. AMITYVILLE, NY 11701	
TITLE	VCST	
NAME	SCHUSS, DAVID J	
STREET ADDRESS	5500 NEW HORIZONS BLVD.	
CITY-ST-ZIP	N. AMITYVILLE, NY 11701	
TITLE	CEO	
NAME	GOLDSTEIN, NEAL	
STREET ADDRESS	5500 NEW HORIZONS BLVD.	
CITY-ST-ZIP	N. AMITYVILLE, NY 11701	
TITLE	P	
NAME	RUSSO, VINCENT	
STREET ADDRESS	5500 NEW HORIZONS BLVD.	
CITY-ST-ZIP	N. AMITYVILLE, NY 11701	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  VINCENT RUSSO - PRESIDENT & CEO		1/3/06 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		631-789-6300 Daytime Phone #