

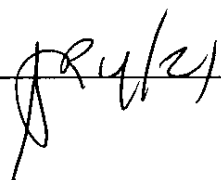
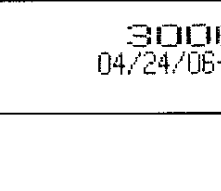
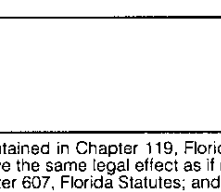
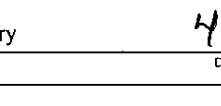
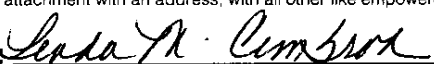


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F04000007219</b> 1. Entity Name CVS TN DISTRIBUTION, INC.						FILED 06 APR 21 PM 3:21 TALLAHASSEE, FLORIDA	
Principal Place of Business ONE CVS DRIVE WOONSOCKET, RI 02895				Mailing Address ONE CVS DRIVE LEGAL DEPARTMENT WOONSOCKET, RI 02895			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 06-1630381				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03212006 Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANKOWSKY, ZENON P ONE CVS DRIVE WOONSOCKET, RI 02895			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Linda M. Cimbron One CVS Drive Woonsocket, RI 02895		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SOLBERG, LARRY D ONE CVS DRIVE WOONSOCKET, RI 02895			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOFFIAT, THOMAS S ONE CVS DRIVE WOONSOCKET, RI 02895			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT STURGEON, EDWARD J ONE CVS DRIVE WOONSOCKET, RI 02895			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300071636423 04/24/06--01005--011 **50550.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COUTURE, EDWARD J ONE CVS DRIVE WOONSOCKET, RI 02895			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LUKER, MELANIE K ONE CVS DRIVE WOONSOCKET, RI 02895			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: 				Linda Cimbron Assistant Secretary			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 4/15/06 Daytime Phone #: 401-765-1500			