



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F94000005946</b> 1. Entity Name <b>BIG B DRUGS, INC.</b>	
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FILED  
06 APR 21 PM 3: 31

ALLIANCE STATE  
TALLAHASSEE, FLORIDA



03212006    Chg-P    CR2E034 (11/05)

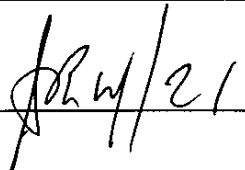
Principal Place of Business <b>ONE CVS DR WOONSOCKET, RI 02895    US</b>	Mailing Address <b>ONE CVS DR LEGAL DEPT WOONSOCKET, RI 02895    US</b>
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Zip      Country	City & State Zip      Country

<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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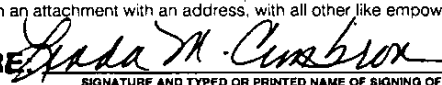
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<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"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LANKOWSKY, ZENON P</b> <input type="checkbox"/> Delete <b>ONE CVS DRIVE</b> <b>WOONSOCKET, RI 02895</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD</b> <b>SOLBERG, LARRY D</b> <input checked="" type="checkbox"/> Delete <b>ONE EVS DRIVE</b> <b>WOOKSOCKET, RI 02895</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>MOFFATT, THOMAS S</b> <input type="checkbox"/> Delete <b>ONE CVS DR</b> <b>WOONSOCKET, RI 02895</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>LUKER, MELAINE K</b> <input type="checkbox"/> Delete <b>ONE CVS DR</b> <b>WOONSOCKET, RI 02895</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400071635264</b> <b>04/24/06--01005--011    **50550.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>CIMBRON, LINDA M</b> <input type="checkbox"/> Delete <b>ONE CVS DRIVE</b> <b>WOONSOCKET, RI 02895</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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      **4/5/06**      **401-765-1500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #