


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000002831

1. Entity Name
CVS PHARMACY, INC.



Principal Place of Business
**ONE CVS DRIVE
 WOONSOCKET, RI 02895**

Mailing Address
**ONE CVS DR
 LEGAL DEPARTMENT
 WOONSOCKET, RI 02895 US**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01242007 Chg-P CR2E034 (12/06)

4. FEI Number
05-0340626 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RYAN, THOMAS	
STREET ADDRESS	ONE CVS DRIVE	
CITY-ST-ZIP	WOONSOCKET, RI 02895	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LANKOWSKY, ZENON	
STREET ADDRESS	ONE CVS DRIVE	
CITY-ST-ZIP	WOONSOCKET, RI 02895	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CIMBRON, LINDA M	
STREET ADDRESS	ONE CVS DRIVE	
CITY-ST-ZIP	WOONSOCKET, RI 02895	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LUKER, MELANIE K	
STREET ADDRESS	ONE CVS DRIVE	
CITY-ST-ZIP	WOONSOCKET, RI 02895	
TITLE	D	<input type="checkbox"/> Delete
NAME	BODINE, CHRISTOPHER W	
STREET ADDRESS	ONE CVS DRIVE	
CITY-ST-ZIP	WOONSOCKET, RI 02895	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MOFFATT, THOMAS S	
STREET ADDRESS	ONE CVS DRIVE	
CITY-ST-ZIP	WOONSOCKET, RI 02895	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000075326 Change Addition
 05/22/07-80013-005 150.00

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 M. Cimbron **Linda Cimbron** Authorized Representative **4/25/07** **401-765-1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #