


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000004735 1. Entity Name BLANSETT PHARMACAL CO., INC.	
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Principal Place of Business 14 PARKSTONE CIRCLE NORTH LITTLE ROCK, AR 72116	Mailing Address P.O. BOX 638 NORTH LITTLE ROCK, AR 72115
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DO NOT WRITE IN THIS SPACE



05082006 No Chg-P CR2E034 (11/05)

4. FEI Number 71-0564067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BLANSETT, LARRY 14 PARKSTONE PLACE NORTH LITTLE ROCK, AR 72116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THURMAN, JOHN 124 WEST CAPITOL STE 1650 LITTLE ROCK, AR 72201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARK, JOE JR. 173 CASTLE HEIGHTS CABOT, AR 72023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, MIKE 513 DR. GORMAN DRIVE BELLE CHASSE, LA 70037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, JERRY 7905 TOLTEC DRIVE NORTH LITTLE ROCK, AR 72116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, FRANK 14601 BLACK BEAR DRIVE LITTLE ROCK, AR 72223

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IN THIS SPACE**

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05/23/06-80002-008 150.00

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:  CFO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 5/19/06 <small>Date</small>	Daytime Phone 501 755 8635 <small>Daytime Phone</small>
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