2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # J48618

1. Entity Name

PHARMACY SERVICES GIVEN, INC.



Principal Place of Business

3714 LAKE BUYNAK ROAD (32786)

P.O. BOX 691

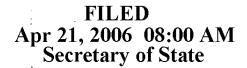
WINDERMERE, FL 34786

Mailing Address

3714 LAKE BUYNAK ROAD (34786)

P.O. BOX 691

WINDERMERE, FL 34786





04122008

'No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3128759 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

KREUTER WILLIAM E ESQUIRE 3117 EDGEWATER DRIVE ORLANDO, FL 32804

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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						
Signature, typed or printed name of registered agent and fills if applicable. (NOTE, Registered Agent signature required when refinstaling) OATE						
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	U00000523604 05/03/06-80078-016 150.00	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P HERRING, MAUREEN F. 3714 LAKE BUYNAK ROAD WINDERMERE, FL 34786	TORS				
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby 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						

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver or trusted 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:

NATURE AND TYPED OR PRINTED NAME OF BISHING OFFICER OR DIRECTOR

HERRING

4/18/06 407-876-26

Dayrime Phone #