2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004
Secretary of State

DOCUMENT# N02000007597

Entity Name: CANADIAN PHARMACY DIRECT, INC.

Current Principal Place of Business:

5151 JUNGLE PLUM ROAD
SARASOTA, FL 34242

New Principal Place of Business:

6560 GATEWAY AVENUE
SARASOTA, FL 34231

Current Mailing Address:

P.O. BOX 4009
SARASOTA, FL 34230

New Mailing Address:

P.O. BOX 19139
SARASOTA, FL 34276

FEI Number: 57-1136240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLINGSWORTH, FRED III
5151 JUNGLE PLUM ROAD
SARASOTA, FL 34242

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOLLINGSWORTH, FRED III
Address: 5151 JUNGLE PLUM ROAD
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete
Name: HOLLINGSWORTH, JUDY S
Address: 5151 JUNGLE PLUM ROAD
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete
Name: DAVIS, THOMAS J
Address: 5151 JUNGLE PLUM ROAD
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DAVIS, THOMAS J
Address: 6470 HOLLYWOOD BLVD
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J DAVIS D 08/23/2004
Electronic Signature of Signing Officer or Director — Date