

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019752

FILED
May 01, 2006
Secretary of State

Entity Name: PHARMACEUTICAL DEVELOPMENT GROUP, INC.

Current Principal Place of Business:

13902 NORTH DALE MABRY
SUITE 213
TAMPA, FL 33618

New Principal Place of Business:

13902 NORTH DALE MABRY
SUITE 122
TAMPA, FL 33618

Current Mailing Address:

13902 NORTH DALE MABRY
SUITE 213
TAMPA, FL 33618

New Mailing Address:

13902 NORTH DALE MABRY
SUITE 122
TAMPA, FL 33618

FEI Number: 65-0985917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUME, CHERYL D
13902 NORTH DALE MABRY, SUITE 213
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

BLUME, CHERYL D
13902 NORTH DALE MABRY, SUITE 122
TAMPA, FL 33618 US

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: CHERLY D BLUME

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: BLUME, CHERYL D
Address: 2902 WHITTINGTON PLACE
City-St-Zip: TAMPA, FL 33618

Title: T () Delete
Name: JAAP, LISA
Address: 19314 SEA MIST LANE
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA JAAP

TREA

05/01/2006

Electronic Signature of Signing Officer or Director

Date