


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000044406 1. Entity Name ATLANTIC BLVD CVS, INC.	
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FILED
06 APR 21 PM 3:30
TALLAHASSEE, FLORIDA

Principal Place of Business ONE CVS DR WOONSOCKET, RI 02895	Mailing Address ONE CVS DRIVE LEGAL DEPT WOONSOCKET, RI 02895
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03212006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1022049	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324	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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANKOWKSY, ZENON P			NAME			
STREET ADDRESS	ONE CVS DR			STREET ADDRESS			
CITY-ST-ZIP	WOONSOCKET, RI 02895			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOFFATT, THOMAS S			NAME			
STREET ADDRESS	ONE CVS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	WOONSOCKET, RI 02895			CITY-ST-ZIP			
TITLE	DVPT	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOLBERG, LARRY D			NAME			
STREET ADDRESS	ONE CVS DR			STREET ADDRESS			
CITY-ST-ZIP	WOONSOCKET, RI 02895			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUKER, MELANIE K			NAME			
STREET ADDRESS	ONE CVS DR			STREET ADDRESS			
CITY-ST-ZIP	WOONSOCKET, RI 02895			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOFFATT, THOMAS S			NAME			
STREET ADDRESS	ONE CVS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	WOONSOCKET, RI 02895			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Linda M. Cimbron			NAME			
STREET ADDRESS	One CVS Drive			STREET ADDRESS			
CITY-ST-ZIP	Woonsocket, RI 02895			CITY-ST-ZIP			

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 Assistant Secretary 4/5/06

Date: _____ Daytime Phone #: 401-765-1500