2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000070784

Entity Name: VERIFIED PRESCRIPTION SAFEGUARDS, INC.

FILED Jun 30, 2005 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:	New Principal Place of Business:	
4915 LEEWARD LANE FORT LAUDERDALE, FL 33312		2580 WATERWILD LANE LEXINGTON, KY 40511		
Current M	lailing Address:	New Mailing Address:		
325 MAIN STREET, STE 240 LEXINGTON, KY 40507		P.O. BOX 12012 LEXINGTON, KY 40579		
FEI Number	: FEI Number Applied For (FEI Number Not Applicable (X) Certificate of Status	Desired ()	
Name and	l Address of Current Registered Agen	t: Name and Address of New Registered Ag	ent:	
	ROBERT WARD LANE JDERDALE, FL 33312 US			
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered a	gent, or both,	
SIGNATUI	RE:			
Electronic Signature of Registered Age		Agent Date		
	nce with s. 607.193(2)(b), F.S., the corporation of mpaign Financing Trust Fund Contribution (lid not receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete LEFF, ROBERT 4915 LEEWARD LANE FORT LAUDERDALE, FL 33312	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	P () Delete MILLIARD, JAMES 325 MAIN STREET LEXINGTON, KY 40507	Title: P (X) Change () Addition Name: MILLARD, JAMES Address: 2580 WATERWILD LANE City-St-Zip: LEXINGTON, KY 40511		
Title: Name: Address: City-St-Zip:	() Delete	Title: D () Change (X) Addition Name: ARCH, JAMES Address: P.O. BOX 94037 City-St-Zip: MAITLAND, FL 32794		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES KEMPER MILLARD P 06/30/2005