2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000079298

Entity Name: AXIUM HEALTHCARE WHOLESALE DRUGS AND MEDICAL, INC.

FILED Mar 30, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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285 W CENTRAL PKWY **SUITE 1720**

ALTAMONTE SPRINGS, FL 32714

New Mailing Address: Current Mailing Address:

285 W CENTRAL PKWY 550 TECHNOLOGY PARK **SUITE 1720** LAKE MARY, FL 32746 ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3684167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

550 TECHNOLOGY PARK

SUMMERVILLE, JAMES P

LAKE MARY, FL 32746

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SUMMERVILLE, JAMES P 285 W CENTRAL PKWY **SUITE 1720** ALTAMONTE SPRINGS, FL 32714 US

550 TECHNOLÓGY PARK LAKE MARY, FL 32746

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: JAMES P SUMMERVILLE 03/30/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SUMMERVILLE, JAMES P SUMMERVILLE, JAMES P Name: Name: 3002 ASH PARK POINT 3002 ASH PARK POINT Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: WINTER PARK, FL 32792

Title: () Delete Title: () Change (X) Addition Name: Name: MONTGOMERY, MARK C 1325 ROTUNDA POINT #321 Address: Address: LAKE MARY, FL 32746 City-St-Zip: City-St-Zip:

Title: Title: () Change (X) Addition () Delete

Name: VAUGHN, GREGORY J Name: 23223 OAK CLUSTER DRIVE Address Address: City-St-Zip: City-St-Zip: SORRENTO, FL 32776

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: JAMES P SUMMERVILLE CEO 03/30/2006