


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P00000105988	
<b>1. Entity Name</b> SHANNAHAN'S PHARMACEUTICAL RETURNS, INC.	

<b>Principal Place of Business</b> 3450 TOM'S COURT GREEN COVE SPRINGS FL 32043	<b>Mailing Address</b> 3450 TOM'S COURT GREEN COVE SPRINGS FL 32043
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<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

1st MOORE CR2E034 (10/06)

<b>4. FEI Number</b> 59-3707539	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  SHANNAHAN, RAYMOND E JR 3450 TOM'S COURT GREEN COVE SPRINGS FL 32043	<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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**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.**

<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b> _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<b>V</b> SHANNAHAN, DAVID RT 5 BOX 7624 STARKE FL 32091 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<b>U00000612492</b> 02/02/07-80108-021 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<b>P</b> SHANNAHAN, RAYMOND E SR 3450 TOM'S COURT GREEN COVE SPRINGS FL 32043 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Raymond E. Shannahan Jr. **RAYMOND E. SHANNAHAN JR** 1-27-07 904-529-9058  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #