


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90025 039 ***150.00

DOCUMENT # P01000048343	
1. Entity Name CRESTVIEW PHARMACY, INC.	

Principal Place of Business 1116 N. FERDON BLVD. CRESTVIEW, FL 32536	Mailing Address 1584 S. PEARL ST. CRESTVIEW, FL 32539
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2. Principal Place of Business	3. Mailing Address 296 S. FERDON BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE # 25
City & State	City & State CRESTVIEW, FL
Zip	Country
32536	OKALOOSA



01212006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3718091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
PITELL, LISA Y 4 ELEVENTH AVE., STE. 1 SHALIMAR, FL 32579	
7. Name and Address of New Registered Agent	
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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, MELVIN D JR	NAME	
STREET ADDRESS	1189 JOHN SIMS PKWY.	STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE, FL 32578	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, BRYAN	NAME	D HENDERSON, BRYAN
STREET ADDRESS	6980 CHUMUCKLA HWY.	STREET ADDRESS	3578 ACY LOWERY RD
CITY-ST-ZIP	PACE, FL 32571	CITY-ST-ZIP	PACE, FL 32571
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENSMAN, HAL J	NAME	
STREET ADDRESS	1921 LODGEPOLE DR	STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 32583	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* Date: 2/17/06 Daytime Phone #: 850-683-1111