2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064994

FILED Apr 24, 2006 Secretary of State

Entity Nar	me: DOCTOR'S CORNER INTERNATI	ONAL, INC.	
Current Principal Place of Business:		New Principal Place of Business:	
1921 S CLI WEST PAL	UB DRIVE LM BEACH, FL 33414		
Current M	ailing Address:	New Mailing Address:	
1921 S CLI WEST PAI	UB DRIVE LM BEACH, FL 33414	dress: New Mailing Address: H, FL 33414 2 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () of Current Registered Agent: Name and Address of New Registered Agent: SMITH, JOSEPH DR. 1921 S CLUB DRIVE WEST PALM BEACH, FL 33414 US west PALM BEACH, FL 33414 US DOSEPH SMITH O4/24/2006 ctronic Signature of Registered Agent Date princing Trust Fund Contribution (). RECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete SDEPH DR Name: Address: LUB DRIVE LUB DRIVE LUB DRIVE LUB DRIVE LUB DRIVE Address:	
FEI Number:	65-1117622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of Current Registered Agen	t: Name and Address of New Registered Agent:	
SMITH, SV 1921 S CLI WEST PAL	UB DRIVE	1921 S CLUB DRIVE	
	named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,	
SIGNATURE: DR. JOSEPH SMITH		04/24/2006	
	Electronic Signature of Registered	d Agent Date	
Election Can	npaign Financing Trust Fund Contribution ().		
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CEOP () Delete SMITH, JOSEPH DR 1921 S CLUB DRIVE WEST PALM BEACH, FL 33414	Name: Address:	
Title: Name: Address: City-St-Zip:	VTS (X) Delete SMITH, SVETLANA 1921 S CLUB DRIVE WEST PALM BEACH, FL 33414	Name:	

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: DR. JOSEPH SMITH 04/24/2006 CEO