

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000058419

Entity Name: NATIONAL DRUG SOURCE, INC.

FILED
Mar 21, 2006
Secretary of State

Current Principal Place of Business:

2040 INDEPENDENCE COMMERCE DR.
SUITE B
MATTHEWS, NC 28105

Current Mailing Address:

2040 INDEPENDENCE COMMERCE DR.
SUITE B
MATTHEWS, NC 28105

New Principal Place of Business:

2040 INDEPENDENCE COMMERCE DR.
SUITE B
MATTHEWS, NC 28105

New Mailing Address:

2040 INDEPENDENCE COMMERCE DR.
SUITE B
MATTHEWS, NC 28105

FEI Number: 01-0705194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILKINS, ERIC
440 SOUTH FEDERAL HWY
SUITE 204
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TORRES, JASON
Address: 8037 FAIRVIEW RD SUITE D
City-St-Zip: MINT HILL, NC 28227

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TORRES, JASON
Address: 2040 B INDEPENDENCE COMMERCE DR
City-St-Zip: MATTHEWS, NC 28105

Title: SEC () Change (X) Addition
Name: TORRES, ETHEL
Address: 2040 B INDEPENDENCE COMMERCE DR
City-St-Zip: MATTHEWS, NC 28105

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: JASON TORRES

PD

03/21/2006

Electronic Signature of Signing Officer or Director

Date