

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000058419

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** NATIONAL DRUG SOURCE, INC.

**Current Principal Place of Business:**

2040 INDEPENDENCE COMMERCE DR.  
SUITE B  
MATTHEWS, NC 28105

**New Principal Place of Business:**

**Current Mailing Address:**

2040 INDEPENDENCE COMMERCE DR.  
SUITE B  
MATTHEWS, NC 28105

**New Mailing Address:**

**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  
**Name:** TORRES, JASON  
**Address:** 2040 B INDEPENDENCE COMMERCE DR  
**City-St-Zip:** MATTHEWS, NC 28105

**Title:** SEC  
**Name:** TORRES, ETHEL  
**Address:** 2040 B INDEPENDENCE COMMERCE DR  
**City-St-Zip:** MATTHEWS, NC 28105

I hereby 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 all other like empowered.

**SIGNATURE:** JASON TORRES

PRES

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date