2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092038

Entity Name: PHARM-AID, INC.

FILED Apr 13, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3634 OCEAN RANCH BLVD. OCEANSIDE, CA 92056

Current Mailing Address: New Mailing Address:

3634 OCEAN RANCH BLVD. OCEANSIDE, CA 92056

FEI Number: 41-2056894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERRY FINANCIAL SERVICES, INC. 640 N. VOLUSIA AVENUE SUITE A ORANGE CITY, FL 32763 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition Name: BOSMIA, RASIK BOSMIA, RASIK

Address: 3977 ALIENTO WAY Address: P.O.BOX 4465
City-St-Zip: OCEANSIDE, CA 92057 City-St-Zip: OCEANSIDE, CA 92052

Title: SECT () Delete Title: SECT (X) Change () Addition

 Name:
 BOSMIA, ASMITA
 Name:
 BOSMIA, ASMITA

 Address:
 3977 ALIENTO WAY
 Address:
 P.O.BOX 4465

 City-St-Zip:
 OCEANSIDE, CA 92057
 City-St-Zip:
 OCEANSIDE, CA 92052

I hereby certify that the information supplied with this filing does not qualify 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: RASIK H BOSMIA PRES 04/13/2008