

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109870

Entity Name: PINE HILLS DRUGS, INC.

FILED  
May 10, 2005  
Secretary of State

**Current Principal Place of Business:**

5600 W.COLONIAL DR.  
SUITE 107  
ORLANDO, FL 32808 FL

**New Principal Place of Business:**

**Current Mailing Address:**

5680 WEST COLONIAL DR  
107  
ORLANDO, FL 32808 FL

**New Mailing Address:**

FEI Number: 54-2077292      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

OKAFOR, FORSTER E  
3136 ATWATER DR.  
ORLANDO, FL 32825 US

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

BUSINESS ENTERPRISES GROUP  
1927 GREYSTONE TRL  
ORLANDO, FL 32818 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: O'NEAL BARNETT

05/10/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OKAFOR, FORSTER E  
Address: 3136 ATWATER DR.  
City-St-Zip: ORLANDO,, FL 32825 US

Title: VP ( ) Delete  
Name: MBIONWU, CHIMEZIRI O  
Address: 3020 HARTLAND CT.  
City-St-Zip: ORLANDO, FL 32825 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FORSTER OKAFOR

P

05/10/2005

Electronic Signature of Signing Officer or Director

Date