


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90026 046 \*\*\*550.00

<b>DOCUMENT # P02000129621</b>	
1. Entity Name <b>CAREPOINT PHARMACY, INC.</b>	

Principal Place of Business <b>1151 BARBARA DR. DAYTONA BEACH, FL 32117</b>	Mailing Address <b>1151 BARBARA DR. DAYTONA BEACH, FL 32117</b>
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**50023005**



2. Principal Place of Business <b>1400 Hand Ave.</b>	3. Mailing Address <b>1400 Hand Ave.</b>
Suite, Apt. #, etc. <b>Suite O</b>	Suite, Apt. #, etc. <b>Suite O</b>
City & State <b>Ormond Beach, FL</b>	City & State <b>Ormond Beach, FL</b>
Zip <b>32174</b>	Country <b>USA</b>

06282006 Chg-P CR2E034 (11/05)

4. FEI Number <b>13-4226400</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>RICHARD K. CHURCHMAN, P.A. 1255 MASON AVE. DAYTONA BEACH, FL 32117</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <b>Ekaette Isenian</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>7/20/06</b> <small>DATE</small>

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD JIBRIL, HASSAN B 1151 BARBARA DR. DAYTONA BEACH, FL 32117</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD Jibril, Hassan B 1151 Barbara Drive Daytona Beach, FL 32117</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VIPS D Ekaette Isenian 2700 Mystic Cove Drive Orlando, FL 32812</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <b>Hassan B. Jibril</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>07-20-06</b> <small>Date</small>	<b>386-672-8872</b> <small>Daytime Phone #</small>
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