

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000966

FILED
Apr 25, 2007
Secretary of State

Entity Name: CLINICAL PHARMACOLOGY CONSULTANTS, INC

Current Principal Place of Business:

4108 LAKE TAHOE CIR
WEST PALM BEACH, FL 33409

New Principal Place of Business:

529 BUCKSHOT LN
LAKELAND, FL 33809

Current Mailing Address:

C/O DOLLAR'S & SENSE COMP ACCT, INC.
10912 N. 56TH ST., STE. D
TEMPLE TERRACE, FL 336173004

New Mailing Address:

529 BUCKSHOT LN
LAKELAND, FL 33809

FEI Number: 13-4225141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, BRIAN K
4108 LAKE TAHOE CIR
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

HUDSON, BRIAN K
529 BUCKSHOT LN
LAKELAND, FL 33809 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: BRIAN HUDSON

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUDSON, BRIAN K
Address: 4108 LAKE TAHOE CIR
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUDSON, BRIAN K
Address: 529 BUCKSHOT LN
City-St-Zip: LAKELAND, FL 33809

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: BRIAN HUDSON

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date