2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# P03000013368

Entity Name: MOULTRIE PHARMACY, INC.

Current Principal Place of Business:

3670 HWY US 1 S
SUITE 120
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

3670 HWY US 1 S
SUITE 120
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 54-2094346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCARTY, ANTHONY O
4112 CREEKBLUFF DRIVE
ST AUGUSTINE, FL 32086 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 ( ) Delete
Name: DOMPE, LYNN
Address: 301 RED WING LANE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: STD ( ) Delete
Name: MCCARTY, DELAINE P
Address: 4112 CREEK BLUFF DR
City-St-Zip: ST AUGUSTINE, FL 32086

Title: DIR ( ) Delete
Name: DOMPE, PHILIP
Address: 301 RED WING LANE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: DIR ( ) Delete
Name: MCCARTY, ANTHONY O
Address: 4112 CREEKBLUFF DRIVE
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: DELAINE P. MCCARTY STD 01/04/2007

Electronic Signature of Signing Officer or Director — Date