

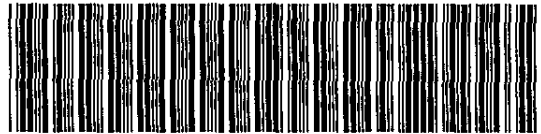
P03D000042204

Pharm-Buddy, INC.

P.O. Box 1598

BONITA SPRINGS, FL

34133-1598



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(Business Entity Name)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PHARMA-BUDDY, INC.
2. The mailing address of the corporation: 4701 S.W. BONITA BEACH RD
BONITA SPRINGS, FL 34134.
3. Date of incorporation/qualification: 4/11/2003 Document number: P03000642204
4. The name and address of the current registered agent and office:

GEORGE I. JONES JR
4701 S.W. BONITA BEACH ROAD
BONITA SPRINGS, FL 34134

5. The name and address of the new registered agent (if changed) and/or registered office (if changed)
(P. O. Box Not Acceptable)

BOISIE ALLEN BARNES III
4701 S.W. BONITA BEACH ROAD
BONITA SPRINGS, FL 34134

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

x Boisie Allen Barnes III
(Signature of an officer, chairman or vice chairman of the board)

2/24/2006
(Date)

BOISIE ALLEN BARNES III CFO; CEO
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

x Boisie Allen Barnes III
(Signature of Registered Agent)

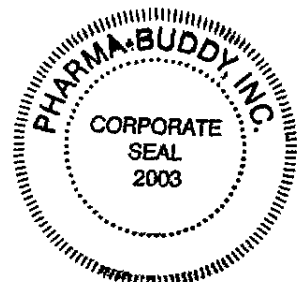
2/24/2006
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***



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