


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000098643 1. Entity Name GLOBAL DISCOUNT PRESCRIPTIONS OF CANADA, INC.	
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Principal Place of Business 1295 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952	Mailing Address 1295 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRYANT, GEOFF E
3150 N A1A UNIT 101
FORT PIERCE, FL 34949**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRYANT, GEOFF E 3150 NORTH A1A UNIT 101 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BETTS, STEVEN A 1529 SE MARIANA ROAD PORT ST LUCIE, FL 34952
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Steven A. Betts* *V. prs. d. us* *2-15-05* *777* *337-041*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #