## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000110735

Entity Name: SINUSPHARMACY, INC.

FILED Apr 02, 2009 Secretary of State

| Current Pri   | incipal Place   | of Business:                    | New Princ                                   | New Principal Place of Business:                      |                  |                    |  |
|---|---|---------------------------------|---|---|------------------|--------------------|--|
| ONE EXPR<br>ST. LOUIS,  |   | US                              |   |   |                  |                    |  |
| Current Mailing Address:  |   |                                 | New Mailir                                  | New Mailing Address:                                  |                  |                    |  |
| ONE EXPR<br>ST. LOUIS,  |   | US                              |   |   |                  |                    |  |
| FEI Number:   | 56-2394216  | FEI Number Applied For ( )      | FEI Number Not Appli                        | icable ( )  | Certificate of S | Status Desired ( ) |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent:   |   |                                 |   |   |                  |                    |  |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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.  |   |                                 |   |   |                  |                    |  |
| SIGNATUR  | E:  |                                 |   |   |                  |                    |  |
|   | Electroni   | c Signature of Registered Agent | İ   |   | Date             | _                  |  |
| Election Cam  | paign Financing   | Trust Fund Contribution ( ).    |   |   |                  |                    |  |
| OFFICERS AND DIRECTORS:   |   |                                 | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:          |                  |                    |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | DP () I<br>MCNAMEE, PAT<br>ONE EXPRESS ST. LOUIS, MO          | WAY                             | Title:<br>Name:<br>Address:<br>City-St-Zip: | (   | ) Change ( ) Add | ition              |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VPSE ( ) I<br>FORSYTH, JANIO<br>ONE EXPRESS ST. LOUIS, MO     | WAY                             | Title:<br>Name:<br>Address:<br>City-St-Zip: | (   | ) Change ()Add   | ition              |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | TREA ( ) I<br>ELLIOTT, KELLE<br>ONE EXPRESS'<br>ST. LOUIS, MO | WAY                             | Title:<br>Name:<br>Address:<br>City-St-Zip: | (   | ) Change ( ) Add | ition              |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | ASEC ( ) I<br>AKINS, MARTIN<br>ONE EXPRESS ST. LOUIS, MO      | WAY                             | Title:<br>Name:<br>Address:<br>City-St-Zip: | (   | ) Change ()Add   | ition              |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | ASEC () I<br>HENSHAW, JAR<br>ONE EXPRESS<br>ST. LOUIS, MO     | WAY                             | Title:<br>Name:<br>Address:<br>City-St-Zip: | ASEC (X<br>NAEGER, JEF<br>ONE EXPRES<br>ST. LOUIS, MO | SS WAY           | lition             |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | ASEC (X)<br>NAEGER, JEFFF<br>ONE EXPRESS<br>ST. LOUIS, MO     | WAY                             | Title:<br>Name:<br>Address:<br>City-St-Zip: | (   | ) Change ( ) Add | ition              |  |
| 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 |   |                                 |   |   |                  |                    |  |

SIGNATURE: JEFFREY NAEGER ASEC 04/02/2009

above, or on an attachment with an address, with all other like empowered.