



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2005 8:00 am**  
**Secretary of State**

08-09-2005 90001 021 \*\*\*550.00

<b>DOCUMENT # P03000122014</b> 1. Entity Name <b>CANADIAN DRUG OUTLET STORE INC</b>					
Principal Place of Business <b>4300 S. US HIGHWAY ONE 203-327 JUPITER, FL 33477</b>			Mailing Address <b>4300 S. US HIGHWAY ONE 203-327 JUPITER, FL 33477</b>		
2. Principal Place of Business <b>725 No. A1A Suite, Apt. #, etc. SUITE E-103 City &amp; State JUPITER, FL Zip 33477</b>		3. Mailing Address <b>725 No. A1A Suite, Apt. #, etc. SUITE E-103 City &amp; State JUPITER, FL Zip 33477</b>			
4. FEI Number <b>58-2678479</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02172005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>KLAPP, EDWARD JR. 138 MERRIMAC WAY JUPITER, FL 33458</b>			7. Name and Address of New Registered Agent Name <b>EDWARD D. KLAPP</b> Street Address (P.O. Box Number is Not Acceptable) <b>138 MERRIMAC Way</b> City <b>JUPITER</b> FL <b>33458</b>		
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 <b>Edward D. Klapp</b> (NOTE: Registered Agent signature required when re-registering) DATE <b>8-2-2005</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KLAPP, EDWARD D 138 MERRIMAC WAY JUPITER, FL 33458</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECY KLAPP, EDWARD JR. 7831 SE DOUBLETREE DRIVE HOBE SOUND, FL 33455</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <b>Edward Klapp Jr.</b> (Signature and Typed or Printed Name of Signing Officer or Director) DATE <b>8-2-2005</b> DAYTIME PHONE # <b>561-746-6868</b>					