2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000002349

Entity Name: PHARMACY CONSULTING ASSOCIATES, INC.

FILED Jan 31, 2006 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	ETTO DRIVE RINGS, FL 33°	166					
Current Mailing Address:			New Maili	New Mailing Address:			
	ETTO DRIVE RINGS, FL 33°	166					
El Number	: 86-1092240	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired	i()	
Name and	l Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
400 PALM	A, ANTONIO ETTO DRIVE RINGS, FL 33°	166 US					
	e named entity s e of Florida.	submits this statement for the	e purpose of changing i	its registered	I office or registered agent, o	or both,	
SIGNATU	RE:						
	Electror	nic Signature of Registered A	gent		Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Fitle: Name: Address: City-St-Zip:	P () REGUEIRA, AN 400 PALMETTO MIAMI SPRING	DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition		
Fitle: Name: Nddress:	()	Delete	Title: Name: Address: Cityst-Zin:	MARTINEZ F 400 PALMET	() Change (X) Addition REGUEIRA, JACQUELINE TO DRIVE		

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: ANTONIO REGUEIRA P 01/31/2006