

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006106

Entity Name: 24TH CENTURY PHARMACY, INC.

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

7747 W. HILLSBOROUGH AV
TAMPA, FL 333615

New Principal Place of Business:

Current Mailing Address:

7747 W. HILLSBOROUGH AV
TAMPA, FL 33615

New Mailing Address:

FEI Number: 20-0511365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANADIUME, VICTOR E
7747 W. HILLSBOROUGH AV
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

VICTOR, OBI E
7747 W. HILLSBOROUGH AV
TAMPA, FL 33615 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.

SIGNATURE: VO

01/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OKEKE, IKE C
Address: 5101 EAST BUSCH BLVD
City-St-Zip: TAMPA, FL 33617

Title: D (X) Delete
Name: ANADIUME, VICTOR
Address: 5101 EAST BUSCH BLVD
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change () Addition
Name: VICTOR, ANADIUME
Address: 7747 W. HILLSBOROUGH AV
City-St-Zip: TAMPA, FL 33615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: VO

MGR

01/11/2008

Electronic Signature of Signing Officer or Director

Date