

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000077426

Entity Name: DIRECT PHARMACY, INC.

FILED
Oct 05, 2005
Secretary of State

Current Principal Place of Business:

1033 SR 436 #201
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

1033 SR 436 #201
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 20-1110962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMURTREY, STEPHEN J
2023 NEW STONECASTLE TERRACE
APT. 103
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

MCMURTREY, STEPHEN J
8040 ST ANDREWS
ORLANDO, FL 32819 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: STEPHEN MCMURTREY

10/05/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCMURTREY, STEPHEN J
Address: 2023 NEW STONECASTLE TERRACE, APT. 103
City-St-Zip: WINTER PARK, FL 32792

Title: STD () Delete
Name: MCMURTREY, RACHEL B
Address: 2023 NEW STONECASTLE TERRACE, APT. 103
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCMURTREY, STEPHEN J
Address: 8040 ST ANDREWS
City-St-Zip: ORLANDO, FL 32819

Title: STD (X) Change () Addition
Name: MCMURTREY, RACHEL B
Address: 8040 ST ANDREWS
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAULINA COUNSEL

MGR.

10/05/2005

Electronic Signature of Signing Officer or Director

Date