


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000054375	
1. Entity Name FAITH PHARMACY, INC.	

Principal Place of Business 575 10TH STREET EAST PALMETTO, FL 34221	Mailing Address 2508 W. TAMPA BAY BLVD TAMPA, FL 33607
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2. Principal Place of Business - No P.O. Box # 575 TENTH Street East	3. Mailing Address P.O. Box 310256
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palmetto FL	City & State Tampa FL
Zip 34221	Zip 33680-0256
Country Manatee	Country Hillsborough

6. Name and Address of Current Registered Agent OKPALEKE, CELINA 2508 W. TAMPA BAY BLVD TAMPA, FL 33607	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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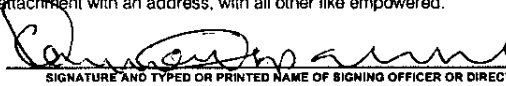
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OKPALEKE, CELINA 2508 W. TAMPA BAY BLVD TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OKPALEKE, CELINA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3302 N. Howard Av Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIAN NWAYE P.O. Box 310256 Tampa, FL 33680-0256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NWAYE, CHRISTIAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 310256 Tampa, FL 33680-0256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300138014253 11/17/08--01070--019 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  11/3/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
2008 NOV 17 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11032008 Chg-P CR2E034 (12/06)