## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000054375

Entity Name: FAITH PHARMACY, INC.

FILED May 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

575 TENTH STREET EAST PALMETTO, FL 34221

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 310256 TAMPA, FL 33680

FEI Number: 20-2683013 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OKPALEKE, CELINA
2508 W. TAMPA BAY BLVD
TAMPA, FL 33607 US

GRAY LAW GROUP, LLC
2202 N. WESTSHORE BLVD, SUITE 200
TAMPA, FL 33607 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: GRAY LAW GROUP, LLC 05/27/2009

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 OKPALEKE, CELINA
 Name:
 NWOYE, CHRISTIAN

 Address:
 3302 N. HOWARD AVENUE
 Address:
 POST OFFICE BOX 310256

 City-St-Zip:
 TAMPA, FL 33607
 City-St-Zip:
 TAMPA, FL 336800256

Title: D () Delete Title: () Change () Addition

 Name:
 NWOYE, CHRISTIAN
 Name:

 Address:
 POST OFFICE BOX 310256
 Address:

 City-St-Zip:
 TAMPA, FL 336800256
 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: BRIAN GRAY AGEN 05/27/2009