2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# P05000066324

Entity Name: HEALTHPLUS PHARMACY, INC.

Current Principal Place of Business:

16519 N.W. 27TH AVE.
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

16519 N.W. 27TH AVE.
MIAMI, FL 33054

New Mailing Address:

FEI Number: 20-2815189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSAGIE, FRANK
9430 BELAIR DRIVE
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

HIGH END INCOME TAX & ACCTG SRVCS
4200 NW 16TH ST
SUITE 600A
LAUDERHILL, FL 33313 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: MICHAEL EMOKPAE 04/11/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OSAGIE, FRANK
Address: 9430 BELAIR DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: VTD ( ) Delete
Name: UHUMWANGHO, EGHOSA
Address: 9430 BELAIR DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: VSD ( ) Delete
Name: OSAIYUWU, RICHARD
Address: 9430 BELAIR DRIVE
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: FRANK OSAGIE PD 04/11/2007
Electronic Signature of Signing Officer or Director Date