2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006
Secretary of State

DOCUMENT# P05000098754

Entity Name: YPM TOTAL CARE PHARMACY INC.

Current Principal Place of Business:

1635 HOLLINGSWORTH CREEK
LAKELAND, FL 33803

New Principal Place of Business:

5550 SOUTH FLORIDA AVE.
SUITE 3
LAKELAND, FL 33813

Current Mailing Address:

1635 HOLLINGSWORTH CREEK
LAKELAND, FL 33803

New Mailing Address:

114 PALMOLA STREET
LAKELAND, FL 33803

FEI Number: 20-3156842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARSON, CHRISTOPHER
1635 HOLLINGSWORTH CREEK
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

MUNCHEL, JOSEPH
6767 HILLIS DRIVE
LAKELAND, FL 33813 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: JOSEPH MUNCHEL 03/24/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LARSON, CHRISTOPHER
Address: 1635 HOLLINGSWORTH CREEK
City-St-Zip: LAKELAND, FL 33803

Title: VP (X) Delete
Name: LARSON, CHRISTOPHER
Address: 1635 HOLLINGSWORTH CREEK
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MUNCHEL, JOSEPH
Address: 6767 HILLIS DRIVE
City-St-Zip: LAKELAND, FL 33813

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: JOSEPH MUNCHEL P 03/24/2006
Electronic Signature of Signing Officer or Director Date