2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# P05000123678

Entity Name: PHARMA-BUDDY PHARMAPAK, INC.

Current Principal Place of Business:

5500 BONITA BCH RD.
UNIT 5705
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3241
BONITA SPRINGS, FL 34133

New Mailing Address:

P.O. BOX 1471
BONITA SPRINGS, FL 34133

FEI Number: 20-3484676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNES, BOISIE A III
5500 BONITA BEACH RD
UNIT 5705
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CFO ( ) Delete
Name: BARNES, BOISIE A III
Address: 5500 BONITA BEACH RD 5705
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
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: B BARNES CFO 04/18/2009

Electronic Signature of Signing Officer or Director — Date