2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123678

Entity Name: PHARMA-BUDDY PHARMAPAK, INC.

FILED Apr 28, 2011 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|--|----------------------------------|---|--------------------------------------|
| 5500 BONITA BCH RD. UNIT 5705 BONITA SPRINGS, FL 3 | 34134 | | |
| Current Mailing Address: | | New Mailing Address: | |
| P.O. BOX 1471 BONITA SPRINGS, FL 3 | 84133 | | |
| FEI Number: 20-3484676 | 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: | |
| BARNES, BOISIE A III 5500 BONITA BEACH R UNIT 5705 BONITA SPRINGS, FL 3 | | | |
| The above named entity in the State of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, |
| SIGNATURE: | | | |
| Electror | nic Signature of Registered Age | ent | Date |

OFFICERS AND DIRECTORS:

Title: CFC

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

I hereby 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 all other like empowered.

SIGNATURE: BABARNES CFO 04/28/2011