2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123771

Entity Name: P&P PHARMACY SOLUTIONS INC.

FILED Apr 01, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
12818 ST <i>I</i> TAMPA, F	ANWYCK CIF L 33626	2			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
13046 RAG TAMPA, F	CETRACK RO L 33626	OAD #112			
FEI Number	: 04-3826262	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
SHAH, PR 12818 STA TAMPA, F	ANWYCK CIF	R JS			
	e named entity e of Florida.	y submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	onic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SHAH, PREM	TRACK ROAD #112	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DILKHUSH, P	TRACK ROAD #112	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PATEL, DIPA	X) Delete K TRACK RD #112	Title: Name: Address: City-St-Zip:	() Change() Addition	

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: PREM SHAH D 04/01/2007