

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000162596

FILED
Jul 05, 2006
Secretary of State

Entity Name: WELLINGTON DISCOUNT PHARMACY, INC.

Current Principal Place of Business:

9241 COVE POINT CIRCLE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

9312 FOREST HILL BLVD
WELLINGTON, FL 33411

Current Mailing Address:

9241 COVE POINT CIRCLE
BOYNTON BEACH, FL 33437

New Mailing Address:

9312 FOREST HILL BLVD
WELLINGTON, FL 33411

FEI Number: 20-3936669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRECHT, MAHMOUD
9241 COVE POINT CIRCLE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

KRECHT, MAHMOUD
9241 COVE POINT CIRCLE
BOYNTON BEACH, FL 33437 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: MAHMOUD KRECHT

07/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KRECHT, MAHMOUD
Address: 9241 COVE POINT CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: KRECHT, MAHMOUD
Address: 9241 COVE POINT CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

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: MAHMOUD KRECHT

DR.

07/05/2006

Electronic Signature of Signing Officer or Director

Date