

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163297

FILED
Apr 28, 2007
Secretary of State

Entity Name: MY CONSULTANT PHARMACIST INC.

Current Principal Place of Business:

404 SW 49TH LANE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

404 SW 49TH LANE
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 20-3885328 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SWAN, LAWRENCE
1008 NE 7TH TERR
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

SWAN, LAWRENCE
709 CAPE CORAL PKWY
CAPE CORAL, FL 33914 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: _____ 04/28/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: INGRAM, GARY
Address: 404 SW 49TH LANE
City-St-Zip: CAPE CORAL, FL 33914

Title: VSTD () Delete
Name: INGRAM, GARY
Address: 404 SW 49TH LANE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY INGRAM PD 04/28/2007
Electronic Signature of Signing Officer or Director Date