2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# P07000054478

Entity Name: RIDIUM PHARMACY SERVICES INC

Current Principal Place of Business:

209 DUNLAWTON AVE
SUITE 18
PORT ORANGE, FL 32127 US

New Principal Place of Business:

1620 S CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32119 US

Current Mailing Address:

209 DUNLAWTON AVE
SUITE 18
PORT ORANGE, FL 32127 US

New Mailing Address:

1620 S CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32119 US

FEI Number: 20-8987462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEFANIAK, TODD
209 DUNLAWTON AVE
SUITE 18
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

STEFANIAK, TODD
1620 S CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32119 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: 04/22/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,VP ( ) Delete
Name: STEFANIAK, TODD
Address: P.O. BOX 211162
City-St-Zip: SOUTH DAYTONA, FL 32121 US

Title: S,T (X) Delete
Name: STEFANIAK, TODD
Address: P.O. BOX 211162
City-St-Zip: SOUTH DAYTONA, FL 32121

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: STEFANIAK, TODD
Address: P.O. BOX 211162
City-St-Zip: SOUTH DAYTONA, FL 32121 US

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: TODD STEFANIAK PRES 04/22/2008
Electronic Signature of Signing Officer or Director — Date