

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000071402

Entity Name: DRAGON DRUG GUN, INC.

FILED
Mar 27, 2008
Secretary of State

Current Principal Place of Business:

4753 HIGHLAND PLACE CIRCLE
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

4753 HIGHLAND PLACE CIRCLE
LAKELAND, FL 33813 US

New Mailing Address:

1602 ALTON ROAD
UNIT # 393
MIAMI BEACH, FL 33139 US

FEI Number: 26-0373353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DONATELLI, NANCY
4753 HIGHLAND PLACE CIRCLE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DONATELLI, NANCY
Address: 4753 HIGHLAND PLACE CIRCLE
City-St-Zip: LAKELAND, FL 33813 US

Title: S () Delete
Name: LAFFERTY, JOHN
Address: 4753 HIGHLAND PLACE CIRCLE
City-St-Zip: LAKELAND, FL 33813 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAFFERTY, JOHN
Address: 1602 ALTON ROAD, #393
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: S (X) Change () Addition
Name: DONATELLI, NANCY
Address: 4753 HIGHLAND PLACE CIRCLE
City-St-Zip: LAKELAND, FL 33813 US

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: JOHN PETER LAFFERTY, IV, M.D.

P

03/27/2008

Electronic Signature of Signing Officer or Director

Date