
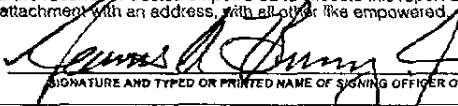


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000088012				
1. Entity Name BURRY'S PHARMACY, INC.				
Principal Place of Business 500 WEBSTER STREET LEESBURG, FL		Mailing Address 500 WEBSTER STREET LEESBURG, FL		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3217384
				Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
BURRY, JAMES A JR 500 WEBSTER STREET LEESBURG, FL			Name	
			Street Address (P.O. Box Number Is Not Acceptable)	
			City	
			FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURRY, JAMES A JR	NAME		
STREET ADDRESS	500 WEBSTER STREET	STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP		U00000470652
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	03/28/06-80022-015 150.00
NAME	BURRY, JAMES A	NAME		
STREET ADDRESS	500 WEBSTER	STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: 		Date: 3/15/06 ✓ Daytime Phone #: 352 787-3787		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____				