

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000054732

Entity Name: NO DRUGS, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

1 NORTH DALE MABRY HWY
SUITE 601
TAMPA, FL 33609

Current Mailing Address:

1 NORTH DALE MABRY HWY
SUITE 601
TAMPA, FL 33609

New Principal Place of Business:

1 NORTH DALE MABRY HWY
SUITE 800
TAMPA, FL 33609

New Mailing Address:

1 NORTH DALE MABRY HWY
SUITE 800
TAMPA, FL 33609

FEI Number: 59-3274709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REEVES, ELAINE L
ONE N DALE MABRY HWY
SUITE 601
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

MCHUGH, SHAWN T
ONE N DALE MABRY HWY
SUITE 800
TAMPA, FL 33609 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: SHAWN T MCHUGH

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCHUGH, TIMOTHY C
Address: ONE NORTH DALE MABRY STE, 601
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: WILKES, JAMES L II
Address: ONE NORTH DALE MABRY, STE 601
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: MILLER, BRUCE W
Address: 4942 WEST COLUMBUS DRIVE, STE 106
City-St-Zip: TAMPA, FL 33622

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCHUGH, TIMOTHY C
Address: ONE NORTH DALE MABRY STE, 800
City-St-Zip: TAMPA, FL 33609

Title: D (X) Change () Addition
Name: WILKES, JAMES L II
Address: ONE NORTH DALE MABRY, STE 800
City-St-Zip: TAMPA, FL 33609

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TIMOTHY C MCHUGH

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date