
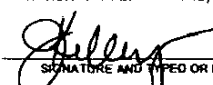


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90029 034 ***150.00

DOCUMENT # P95000007549 1. Entity Name THE APOTHECARY OF GULFPORT, INC.																															
Principal Place of Business 5802 28TH AVE. SOUTH 2908 Beach Blvd So GULFPORT, FL 33707		Mailing Address 5802 28TH AVE. SOUTH PO Box 5145 GULFPORT, FL 33707																													
2. Principal Place of Business - No P.O. Box # 2908 Beach Blvd So Suite, Apt. #, etc		3. Mailing Address PO Box 5145 Suite, Apt. #, etc																													
City & State Gulfport FL Zip 33707		City & State Gulfport FL Zip 33707																													
Country USA		Country USA																													
4. FEI Number 59-3291819		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent KELLEY, JOHN V 5802 28 AVE S 3014 56 St. So GULFPORT, FL 33707		7. Name and Address of New Registered Agent Name John Kelley Street Address (P.O. Box Number is Not Acceptable) 3014 56 St So City Gulfport FL Zip Code 33707																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																															
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																													
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE P NAME KELLEY, JOHN V. <input type="checkbox"/> Delete STREET ADDRESS 5802 28 AVE S CITY-STATE-ZIP GULFPORT, FL </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE P NAME KELLEY, JOHN V. <input type="checkbox"/> Delete STREET ADDRESS 5802 28 AVE S CITY-STATE-ZIP GULFPORT, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3014 56 St. So GULFPORT FL 33707 </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3014 56 St. So GULFPORT FL 33707												
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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: 		John Kelley <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
6/30/08 <small>Date</small>		727-321-3000 <small>Daytime Phone #</small>																													