


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000053373 1. Entity Name ESSENTIALS APOTHECARIES OF DELRAY BEACH, INC.	
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Principal Place of Business 533 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483	Mailing Address 533 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SPADAFORA, CAROLANN
533 E. ATLANTIC AVENUE
DELRAY BEACH, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

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: *Carolann Spadafora* (NOTE: Registered Agent signature required when re-registering)
Signature, typed or printed name of registered agent and title if applicable

4/16/2006
DAY

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPADAFORA, JOSEPH 533 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPADAFORA, CAROLANN 533 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483
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**DO NOT WRITE
IN THIS SPACE**

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: *Carolann Spadafora*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2006 561 276 7070
Date Daytime Phone #