2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000088186

FILED Mar 16, 2008 Secretary of State

Entity Name: STEWART'S PHARMACY AND THE WELLNESS STORE, INC.

Current Principal Place of Business: New Principal Place of Business: 1350 EAST TENNESSEE STREET, C-2 TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** 1350 EAST TENNESSEE STREET, C-2 TALLAHASSEE, FL 32308 FEI Number: 59-3601757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEWART, LEE E 1350 EAST TENNESSEE STREET, C-2 TALLAHASSEE, FL 32308 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition STEWART, LEE STEWART, LEE Name: Name: 4427 CHAIRES CROSSROAD 4427 CHAIRES CROSSROAD Address: Address: City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: TALLAHASSEE, FL 32317 Title: (X) Delete Title: () Change () Addition STEWART, RAMONA Name: Name: 4427 CHAIRES CROSSROAD Address: Address: TALLAHASSEE, FL 32311 City-St-Zip: City-St-Zip:

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: LEE STEWART **PRES** 03/16/2008