
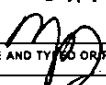


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000001447						<p style="font-size: 1.2em; margin: 0;">FILED</p> <p style="margin: 0;">06 MAY 16 PM 12:28</p> <p style="margin: 0;">SECRET TALLAHASSEE</p>			
1. Entity Name DYNAMIC FINANCIAL CONSULTANTS, LLC				Principal Place of Business 6911 BRYAN DAIRY ROAD SUITE 210 LARGO, FL 33777				Mailing Address 6911 BRYAN DAIRY ROAD SUITE 210 LARGO, FL 33777	
2. Principal Place of Business 12399 BELCHER ROAD SOUTH SUITE 140		3. Mailing Address 12399 BELCHER ROAD SOUTH SUITE 140		04242006 Chg-LLC CR2E083 (11/05)					
City & State LARGO, FL		City & State LARGO, FL		4. FEI Number 59-3640809		Applied For Not Applicable			
Zip 33773		Country USA		Zip 33773		Country USA			
6. Name and Address of Current Registered Agent TANEJA, JUGAL K 6950 BRYAN DAIRY ROAD LARGO, FL 33777				7. Name and Address of New Registered Agent 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 _____									
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR ONLINE MEDS RX, INC. <input type="checkbox"/> Delete 6911 BRYAN DAIRY RD STE 210 LARGO, FL 33777			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONLINE MEDS RX, INC. 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
<p style="text-align: center; margin: 0;">Online Meds RX, Inc. by</p> <p style="margin: 0;">SIGNATURE:  Mandeep K Taneja, Director 4/24/06 727-683-0670</p> <p style="font-size: 0.8em; margin: 0;">SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</p>									