


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L00000001447</b><br>1. Entity Name<br><b>DYNAMIC FINANCIAL CONSULTANTS, LLC</b> |  |
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|   |   |
|---|---|
| Principal Place of Business<br><b>12399 BELCHER ROAD SOUTH, SUITE 140<br/>LARGO, FL 33773</b> | Mailing Address<br><b>12399 BELCHER ROAD SOUTH, SUITE 140<br/>LARGO, FL 33773</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04162007 No Chg-LLC

CR2E083 (11/05)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-3640809</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|---|--|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>TANEJA, JUGAL K<br/>6950 BRYAN DAIRY ROAD<br/>LARGO, FL 33777</b> |
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGMR<br>ONLINE MEDS RX, INC.<br>12399 BELCHER ROAD SOUTH, SUITE 140<br>LARGO, FL 33773 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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04/27/07-80048-016 50.00

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.

**SIGNATURE:** *Carl F. Shuman* **Carl F. Shuman, Sec.** **04/16/2007 727-683-0670**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #