

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127838

FILED
Jun 12, 2007
Secretary of State

Entity Name: NATIONAL RX RETURNS, INC.

Current Principal Place of Business:

1610 E. NORTH HERCULES AVENUE
CLEARWATER, FL 33765

New Principal Place of Business:

1610 NORTH HERCULES AVENUE
SUITE E
CLEARWATER, FL 33765

Current Mailing Address:

1610 E. NORTH HERCULES AVENUE
CLEARWATER, FL 33765

New Mailing Address:

1610 NORTH HERCULES AVENUE
SUITE E
CLEARWATER, FL 33765

FEI Number: 20-5677049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULIKOWSKI, TAMMY
1610 E. NORTH HERCULES AVENUE
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

SULIKOWSKI, TAMMY
1610 NORTH HERCULES AVENUE
SUITE E
CLEARWATER, FL 33765 US

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: TAMMY SULIKOWSKI

06/12/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SULIKOWSKI, TAMMY
Address: 1610 E. NORTH HERCULES AVENUE
City-St-Zip: CLEARWATER, FL 33765

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SULIKOWSKI, TAMMY
Address: 1610 NORTH HERCULES AVENUE, SUITE E
City-St-Zip: CLEARWATER, FL 33765

Title: VPD () Change (X) Addition
Name: MOELLER, SUSAN
Address: 13055 MONTEREY ESTATES DRIVE
City-St-Zip: OAK HILL, VA 20171

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: TAMMY SULIKOWSKI

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06/12/2007

Electronic Signature of Signing Officer or Director

Date