

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127838

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: NATIONAL RX RETURNS, INC.

**Current Principal Place of Business:**

1610 NORTH HERCULES AVENUE  
SUITE E  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

1610 NORTH HERCULES AVENUE  
SUITE E  
CLEARWATER, FL 33765

**New Mailing Address:**

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 NORTH HERCULES AVENUE  
SUITE E  
CLEARWATER, FL 33765 US

**Name and Address of New Registered Agent:**

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:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: TAMMY SULIKOWSKI

PSTD

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date