





# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P97000031519</b> 1. Entity Name PHARMA LABS RX, INC.					FILED 06 MAY 16 PM 12:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 6911 BRYAN DAIRY RD. STE. 210 LARGO, FL 33777 US		Mailing Address 6911 BRYAN DAIRY RD. STE. 210 LARGO, FL 33777 US			
2. Principal Place of Business 12399 BELCHER ROAD SOUTH Suite, Apt. #, etc. SUITE 140		3. Mailing Address 12399 BELCHER ROAD SOUTH Suite, Apt. #, etc. SUITE 140			
City & State LARGO, FL		City & State LARGO, FL		4. FEI Number 59-3438925	
Zip 33773		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent TANEJA, JUGAL K 6950 BRYAN DAIRY RD 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 transferring) _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD TANEJA, JUGAL K 6950 BRYAN DAIRY RD LARGO, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300076204923 05/14/06--01035--012 **\$800.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SHUMAN, CANI 6911 BRYAN DAIRY RD., STE. 210 LARGO, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SHUMAN, CANI 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MANDEEP, TANEJA K 6911 BRYAN DAIRY RD., STE. 210 LARGO, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TANEJA, MANDEEP 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CITY - ST - ZIP	
12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Mandee K Taneja, Pres.		4/24/06	727-663-0670
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	