


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P99000041084 1. Entry Name <b>ONLINE MEDS RX, INC.</b>	
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Principal Place of Business 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773	Mailing Address 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773
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**DO NOT WRITE IN THIS SPACE**



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3577441</b>	Applied For Not Applicable
5. Certificate of Statute Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TANEJA, JUGAL K  
 6950 BRYAN DAIRY ROAD  
 LARGO, FL 33777

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANEJA, JUGAL K 6950 BYAN DAIRY ROAD LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANEJA, MANDEEP K CEO 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHUMAN, CANI CFO 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 04/27/07-80056-002 150.00

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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:**  **CANI I. SHUMAN, CFO** 04/16/2007 727-683-0670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #