2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# P99000081575

Entity Name: DRUGMAX.COM, INC.

Current Principal Place of Business:

312 FARMINGTIN AVE
FARMINGTON, CT 06032 US

New Principal Place of Business:

312 FARMINGTON AVENUE
FARMINGTON, CT 06032 US

Current Mailing Address:

312 FARMINGTON
FARMINGTON, CT 06032 US

New Mailing Address:

312 FARMINGTON AVENUE
FARMINGTON, CT 06032 US

FEI Number: 59-3649091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: PD ( ) Delete
Name: MERCADANTE, EDGARDO A
Address: 312 FARMINGTON AVENUE
City-St-Zip: FARMINGTON, CT 06032

Title: TD ( ) Delete
Name: SEARSON, JAMES E
Address: 312 FARMINGTON AVENUE
City-St-Zip: FARMINGTON, CT 06032

Title: SD ( ) Delete
Name: KIENE, ALLISON D
Address: 312 FARMINGTON AVENUE
City-St-Zip: FARMINGTON, CT 06032

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MERCADANTE, EDGARDO A
Address: 312 FARMINGTON AVENUE
City-St-Zip: FARMINGTON, CT 06032 US

Title: VD (X) Change ( ) Addition
Name: SEARSON, JAMES E
Address: 312 FARMINGTON AVENUE
City-St-Zip: FARMINGTON, CT 06032 US

Title: SD (X) Change ( ) Addition
Name: KIENE, ALLISON D
Address: 312 FARMINGTON AVENUE
City-St-Zip: FARMINGTON, CT 06032 US

Title: TD ( ) Change (X) Addition
Name: BOLOGA, JAMES A
Address: 312 FARMINGTON AVENUE
City-St-Zip: FARMINGTON, CT 06032 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ALLISON D. KIENE SD 07/05/2006

Electronic Signature of Signing Officer or Director Date