


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90022 046 ***150.00

DOCUMENT # F02000001090		
1. Entity Name RXSTRATEGIES, INC.		

Principal Place of Business 319 CLEMATIS STREET SUITE 609 WEST PALM BEACH, FL 33401	Mailing Address 319 CLEMATIS STREET SUITE 609 WEST PALM BEACH, FL 33401
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60003073



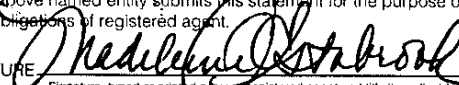
2. Principal Place of Business 4601 Sheridan Street Suite, Apt. #, etc. Suite 400 City & State Hollywood, FL Zip 33021 Country	3. Mailing Address 4601 Sheridan Street Suite, Apt. #, etc. Suite 400 City & State Hollywood, FL Zip 33021 Country
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01102006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1141407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ESTABROOK, MADELEINE A 319 CLEMATIS STREET SUITE 609 WEST PALM BEACH, FL 33401	
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7. Name and Address of New Registered Agent Name Madeleine A Estabrook Street Address (P.O. Box Number is Not Acceptable) 4601 Sheridan Street Suite 400 City Hollywood FL Zip Code 33021	
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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: 	DATE: 1/10/2006


Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, ERIC 319 CLEMATIS STREET #609 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRIES, LAWRENCE D 319 CLEMATIS STREET #609 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D W. Radford Lovett, II 4601 Sheridan Street, Suite 400 Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brian Schwartz 4601 Sheridan Street, Suite 400 Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mason Slaine 4601 Sheridan Street, Suite 400 Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Fenton Markevich 4601 Sheridan Street, Suite 400 Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE: 1/10/2006 954-237-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE Daytime Phone #