

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2006
Secretary of State**

DOCUMENT# N01000005101

Entity Name: ONE STOP MEN'S HEALTH, INC.

Current Principal Place of Business:

1612 BEAR CROSSING CIRCLE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1612 BEAR CROSSING CIRCLE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 03-0545597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WASHINGTON, ANTHONY J
1612 BEAR CROSSING CIRCLE
APOPKA, FL 32703 US

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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: E.D. () Delete
Name: WASHINGTON, ANTHONY J
Address: 1612 BEAR CROSSING CIRCLE
City-St-Zip: APOPKA, FL 32703

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

Title: S () Delete
Name: CARROLL, BARBARA P
Address: 6533 POMEROY CIRCLE
City-St-Zip: ORLANDO, FL 32801

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

Title: T () Delete
Name: THOMPSON, MARION
Address: 2942 HICKORY CREEK DRIVE
City-St-Zip: ORLANDO, FL 32818

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

Title: P () Delete
Name: HIRALAL, RAJ
Address: 1329 SERISSA COURT
City-St-Zip: ORLANDO, FL 32818

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY J. WASHINGTON

E.D.

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date