
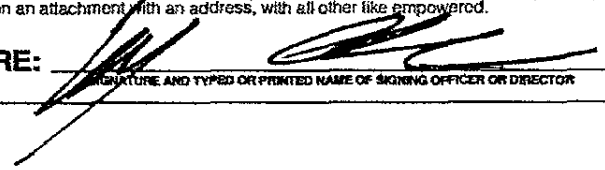


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 16, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000068623		
1. Entity Name RELIEFRX, INC.		
Principal Place of Business 10058 SPANISH ISLES BLVD., #F-5 BOCA RATON, FL 33498		Mailing Address 10058 SPANISH ISLES BLVD., #F-5 BOCA RATON, FL 33498
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DUBERMAN, LEWIS 10058 SPANISH ISLES BLVD., #F-5 BOCA RATON, FL 33498		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000115841 04/16/04-80040-013 150.00
TITLE	DCEO	DO NOT WRITE IN THIS SPACE
NAME	SALAMON, JEFFREY	
STREET ADDRESS	%10058 SPANISH ISLES BLVD., SUITE F-5	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	DCMO	
NAME	LITTEN, JORDAN	
STREET ADDRESS	%10058 SPANISH ISLES BLVD., SUITE F-5	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	DCFO	
NAME	DUBERMAN, LEWIS	
STREET ADDRESS	%10058 SPANISH ISLES BLVD., SUITE F-5	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		3/11/04 (SC) 411-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #