2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT **FILED** Apr 11, 2005 08:00 AM DOCUMENT # P00000068623 Secretary of State 1. Entity Name RELIEFRX, INC. Principal Place of Business Mailing Address 10058 SPANISH ISLES BLVD., #F-5 10058 SPANISH ISLES BLVD., #F-5 BOCA RATON, FL 33498 BOCA RATON, FL 33498 CR2E034 (10/03) 04042005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-1052788 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUBERMAN, LEWIS DO NOT WRITE 10058 SPANISH ISLES BLVD., #F-5 BOCA RATON, FL 33498 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DCEO TITLE SALAMON, JEFFREY NAME STREET ADDRESS %10058 SPANISH ISLES BLVD., SUITE F-5 CITY-ST-7IP BOCA RATON, FL 33498 04/11/05-80013-012 150,00 DCMO TITLE LITTEN, JORDAN NAME STREET ADDRESS %10058 SPANISH ISLES BLVD., SUITE F-5 BOCA RATON, FL 33498 CITY-ST-ZIP DCFO TIRE NAME DUBERMAN, LEWIS STREET ADDRESS %10058 SPANISH ISLES BLVD., SUITE F-5 DO NOT WRITE CITY-ST-ZIP BOCA RATON, FL 33498 TITLE IN THIS SPACE NAME SUBSET ADDRESS CITY-ST-ZIP 7771 F NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS

LUNIS DUBERMAN