

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000069050

Entity Name: PHARMAECONOMICS, INC.

FILED  
Jan 18, 2006  
Secretary of State

## Current Principal Place of Business:

2101 PARK CENTER DRIVE - SUITE 260  
ORLANDO, FL 32835

## New Principal Place of Business:

6000 METROWEST BOULEVARD  
SUITE #203  
ORLANDO, FL 32835

## Current Mailing Address:

2101 PARK CENTER DRIVE - SUITE 260  
ORLANDO, FL 32835

## New Mailing Address:

6000 METROWEST BOULEVARD  
SUITE #203  
ORLANDO, FL 32835

FEI Number: 04-3700531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ACTIVE FILINGS LLC  
10651 NE 11 COURT  
MIAMI SHORES, FL 33138 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: DPT ( ) Delete  
Name: MANDELL, ELLIOTT R  
Address: 2151 CAIRNS COURT  
City-St-Zip: ORLANDO, FL 32835

Title: DC ( ) Delete  
Name: TAO, DAVID G  
Address: 2439 ROAT DRIVE  
City-St-Zip: ORLANDO, FL 32835

Title: DV ( ) Delete  
Name: CARTER, RODNEY E  
Address: 7670 MILANO DRIVE  
City-St-Zip: ORLANDO, FL 32835

Title: DS ( ) Delete  
Name: MANDELL, GINGER L  
Address: 2151CAIRNS COURT  
City-St-Zip: ORLANDO, FL 32835

Title: V (X) Delete  
Name: YEE, DANIEL J  
Address: 15513 PEBBLE RIDGE ST  
City-St-Zip: WINTER GARDEN, FL 34787

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DS (X) Change ( ) Addition  
Name: MANDELL, GINGER L  
Address: 2151CAIRNS COURT  
City-St-Zip: ORLANDO, FL 32835

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

SIGNATURE: ELLIOTT R. MANDELL

P

01/18/2006

Electronic Signature of Signing Officer or Director

Date