# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2009**
**Secretary of State**

DOCUMENT# P02000072192

**Entity Name:** GRX, INC.

**Current Principal Place of Business:**

7025 COUNTY ROAD 46A
STE 1071 #508
LAKE MARY, FL 32746

**New Principal Place of Business:**

7705 SIMON RIDGE CT
KISSIMMEE, FL 34747

**Current Mailing Address:**

7025 COUNTY ROAD 46A
STE 1071 #508
LAKE MARY, FL 32746

**New Mailing Address:**

7705 SIMON RIDGE CT
KISSIMMEE, FL 34747

**FEI Number: 05-0521590** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAGELOFF, NICOLAS
7025 COUNTY ROAD 46A
STE 1071 #508
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

MAGELOFF, NICOLAS
7705 SIMON RIDGE CT
KISSIMMEE, FL 34747 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: 04/21/2009
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: MAGELOFF, NICOLAS
Address: 7025 COUNTY ROAD 46A, STE 1071 #508
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete
Name: MAGELOFF, SHARON
Address: 7025 COUNTY ROAD 46A, STE 1071 #508
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: MAGELOFF, NICOLAS
Address: 7705 SIMON RIDGE CT
City-St-Zip: KISSIMMEE, FL 34747

Title: D (X) Change ( ) Addition
Name: MAGELOFF, SHARON
Address: 7705 SIMON RIDGE CT
City-St-Zip: KISSIMMEE, FL 34747

I hereby certify that the information supplied with this filing does not qualify 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: NICOLAS MAGELOFF PD 04/21/2009
Electronic Signature of Signing Officer or Director — Date