
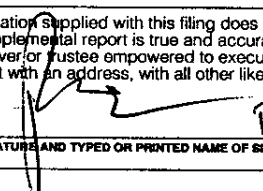


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90020 018 \*\*\*150.00

<b>DOCUMENT # P03000012581</b> 1. Entity Name <b>EXACT RX, INC.</b>					
Principal Place of Business <b>645 OCEAN INLET DRIVE BOYNTON BEACH, FL 33435</b>			Mailing Address <b>645 OCEAN INLET DRIVE BOYNTON BEACH, FL 33435</b>		
2. Principal Place of Business <b>4432 Hickory Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>4432 Hickory Drive</b> Suite, Apt. #, etc.			
City & State <b>Palm Beach Gardens FL</b>		City & State <b>Palm Beach Gardens FL</b>		4. FEI Number <b>05-0553761</b>	
Zip <b>33418</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PALLADINO, ROB 645 OCEAN INLET DRIVE BOYNTON BEACH, FL 33435</b>			7. Name and Address of New Registered Agent Name <b>Rob Palladino</b> Street Address (P.O. Box Number is Not Acceptable) <b>4432 Hickory Drive</b> City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33418</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty Officer Entry]			P <b>Rob Palladino</b> <b>4432 Hickory Dr.</b> <b>Palm Beach Gardens FL 33418</b>		
[Empty Officer Entry]			V <b>Jennifer Palladino</b> <b>4432 Hickory Dr.</b> <b>Palm Beach Gardens FL 33418</b>		
[Empty Officer Entry]			[Empty Addition Entry]		
[Empty Officer Entry]			[Empty Addition Entry]		
[Empty Officer Entry]			[Empty Addition Entry]		
[Empty Officer Entry]			[Empty Addition Entry]		
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.					
<b>SIGNATURE:</b> 			<b>Rob Palladino</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>5-13-04</b> Daytime Phone # <b>861-523-1577</b>		