2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000017504

FILED Mar 31, 2006 Secretary of State

Entity Name: PRESCRIPTIONS AT HOME.NET, INC. **Current Principal Place of Business: New Principal Place of Business:** 8405 N HIMES AVE., SUITE 203 TAMPA, FL 33614 **Current Mailing Address: New Mailing Address:** 8405 N HIMES AVE., SUITE 203 TAMPA, FL 33614 FEI Number: 56-2318691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLE, KATHY L 205 W. MARTIN LUTHER KING BLVD #204 TAMPA, FL 33603 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition IKE, OKEKE LABO, RUTY Name: Name: 8405 N. HIMES AVE., SUITE 203 Address: 8405 N. HIMES AVE., SUITE 203 Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip: TAMPA, FL 33614

Title: Title: (X) Change () Addition () Delete ALEXANDER, MIST Name: VICTOR, ANADIUME Name: 8405 N. HIMES AVENUE Address: 8405 N. HIMES AVENUE Address: TAMPA, FL 33625 TAMPA, FL 33614 City-St-Zip: Citv-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 Statutés. 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: RL 03/31/2006 DIR