


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000085230  
 1. Entity Name  
 CPHARMAX, INC.



Principal Place of Business  
 1745 E. HWY. 50, SUITE C  
 CLERMONT, FL 34711

Mailing Address  
 1745 E. HWY. 50, SUITE C  
 CLERMONT, FL 34711



03162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

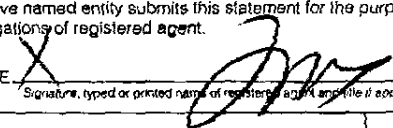
4. FEI Number 20-1248655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, GARY  
 100 S. ASHLEY DR., SUITE 1500  
 TAMPA, FL 33602

**DO NOT WRITE 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  DATE 3/27/6

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

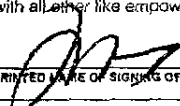
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUANG, HANXIAN 1745 E. HWY. 50, SUITE C CLERMONT, FL 34711
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U00000486138  
 04/13/06-80026-004 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:  DATE 3/27/6 DAYTIME PHONE # 352-242-2282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR