2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2006
Secretary of State

DOCUMENT# P05000151851

Entity Name: MEDS ACROSS AMERICA INC.

Current Principal Place of Business:

20547 OLD CUTLER ROAD
SUITE # 306
MIAMI, FL 33189

New Principal Place of Business:

Current Mailing Address:

20547 OLD CUTLER ROAD
SUITE # 306
MIAMI, FL 33189

New Mailing Address:

FEI Number: 20-3794432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARAY, ANTHONY J
20547 OLD CUTLER ROAD
SUITE # 306
MIAMI, FL, FL 33177 US

Name and Address of New Registered Agent:

GARAY, ANTHONY J
20547 OLD CUTLER ROAD
SUITE # 306
MIAMI, FL, FL 33189 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: 09/15/2006
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GARAY, ANTHONY J
Address: 20547 OLD CUTLER ROAD #306
City-St-Zip: MIAMI, FL 33177

Title: VP ( ) Delete
Name: GILLET, RENE J
Address: 20547 OLD CUTLER ROAD #306
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GARAY, ANTHONY J
Address: 20547 OLD CUTLER ROAD #306
City-St-Zip: MIAMI, FL 33189

Title: VP (X) Change ( ) Addition
Name: GILLET, RENE J
Address: 20547 OLD CUTLER ROAD #306
City-St-Zip: MIAMI, FL 33189

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: ANTHONY GARAY P 09/15/2006
Electronic Signature of Signing Officer or Director — Date