
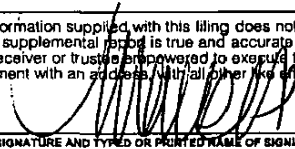


FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90191 028 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000017246			
1. Entity Name RX ADVISER INC.			
Principal Place of Business 524 PINESONG DRIVE CASSELBERRY, FL 32707		Mailing Address 524 PINESONG DRIVE CASSELBERRY, FL 32707	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5703 Red Bug Ln #155	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Winter Springs, FL	
Zip	Country	Zip	Country
		32708	
6. Name and Address of Current Registered Agent AREOPAGITA, MARIBEL 524 PINESONG DRIVE CASSELBERRY, FL 32707		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5703 Red Bug Ln #155 City Winter Springs FL Zip Code 32708	
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 4/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AREOPAGITA, MARIBEL 524 PINESONG DRIVE CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5703 Red Bug Ln #155 (address) Winter Springs FL 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		4/11/08 (407) 557-5704	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Define Phone #	