2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000065303

Entity Name: MED-X OF USA, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1712 28TH ST CT E PALMETTO, FL 34221

Current Mailing Address: New Mailing Address:

1712 28TH ST CT E PALMETTO, FL 34221

FEI Number: 26-3059738 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:

MULLINEX, CHRISTOPHER E SR.

1712 28TH ST CT E

PALMETTO, FL 34221 US

A TAX SHELTER

3704 US HWY 301 N

3

ELLENTON, FL 34222 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: TONYA VAN FOSSEN 04/22/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: MR (X) Change () Addition Name: MULLINEX, CHRISTOPHER E SR. Name: MULLINEX, CHRISTOPHER E SR.

 Address:
 1712 28TH ST CT E
 Address:
 1712 28TH ST CT E

 City-St-Zip:
 PALMETTO, FL 34221
 City-St-Zip:
 PALMETTO, FL 34221

 Name:
 MULLINEX, CHRISTOPHER E SR.
 Name:

 Address:
 1712 28TH ST CT E
 Address:

 City-St-Zip:
 PALMETTO, FL 34221
 City-St-Zip:

Title: T (X) Delete Title: () Change () Addition

 Name:
 MULLINEX, CHRISTOPHER E SR.
 Name:

 Address:
 1712 28TH ST CT E
 Address:

 City-St-Zip:
 PALMETTO, FL 34221
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER E MULLINEX SR PRES 04/22/2009