


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000009368	
1. Entity Name DYNAMIC HEALTH PRODUCTS, INC.	

Principal Place of Business 6911 BRYAN DAIRY ROAD SUITE 210 LARGO, FL 33777 US	Mailing Address 6911 BRYAN DAIRY ROAD SUITE 210 LARGO, FL 33777 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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TANEJA, JUGAL K 6950 BRYAN DAIRY ROAD LARGO, FL 33777	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TANEJA, JUGAL K 6950 BRYAN DAIRY RD LARGO, FL 33777 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEKHARAM, KOTHA S 6950 BRYAN DAIRY RD LARGO, FL 33777 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD SHUMAN, CANI 6911 BRYAN DAIRY RD, STE 210 LARGO, FL 33777 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARMA, RAKESH K MD 6911 BRYAN DAIRY RD, STE 210 LARGO, FL 33777 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO TANEJA, MANDEEP K 6911 BRYAN DAIRY RD, STE 210 LARGO, FL 33777 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, STONE 270-26 HAWTHORNE DRIVE AURORA, OH 44202 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000050117050 04/07/05--01048--016 **1250.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, SEC, TREAS, DIR SHUMAN, CANI 6911 BRYAN DAIRY RD, STE 210 LARGO, FL 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES, CEO, DIR TANEJA, MANDEEP K 6911 BRYAN DAIRY RD, STE 210 LARGO, FL 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DAVID W 16227 WINDPIPER RD POWAY, CA 92064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Canu Shuman, CFO</i>	03-28-05 217-329-1845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

FILED  
05 MAR 30 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03262005 Chg-P CR2E034 (10/03)

4. FEI Number 34-1711778	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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T. Roberts APR 07 7:11 PM