


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90154 015 \*\*\*150.00

<b>DOCUMENT # P98000009368</b>	
1. Entity Name <b>DYNAMIC HEALTH PRODUCTS, INC.</b>	

Principal Place of Business <b>12399 BLECHER ROAD SOUTH, SUITE 140 LARGO, FL 33773 US</b>	Mailing Address <b>12399 BLECHER ROAD SOUTH, SUITE 140 LARGO, FL 33773 US</b>
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2. Principal Place of Business - No P.O. Box # <b>12399 BELCHER ROAD SOUTH, Suite, Apt. #, etc. SUITE 140</b>	3. Mailing Address <b>12399 BELCHER ROAD SOUTH, Suite, Apt. #, etc. SUITE 140</b>
City & State <b>LARGO, FL</b>	City & State <b>LARGO, FL</b>
Zip <b>33773</b>	Country <b>USA</b>

04162007 Chg-P CR2E034 (12/06)



4. FEI Number <b>34-1711778</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>TANEJA, JUGAL K 6950 BRYAN DAIRY ROAD LARGO, FL 33777</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TANEJA, JUGAL K 6950 BRYAN DAIRY RD LARGO, FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEKHARAM, KOTHA S 6950 BRYAN DAIRY RD LARGO, FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHUMAN, CANI CFO 12399 BLECHER ROAD SOUTH, SUITE 140 LARGO, FL 33773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHUMAN, CANI CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARMA, RAKESH K MD 12399 BLECHER ROAD SOUTH, SUITE 140 LARGO, FL 33773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARMA, RAKESH K MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANEJA, MANDEEP K CEO 12399 BLECHER ROAD SOUTH, SUITE 140 LARGO, FL 33773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANEJA, MANDEEP K CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRMANN, ROBERT A JR. <input checked="" type="checkbox"/> Delete 6230 RANCHO BRAVADO CARLSBAD, CA 92009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, MORTON L <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773

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:  <b>CANI I. SHUMAN, CFO</b>	04/16/2007 727-683-0670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #