2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# P98000009368

Entity Name: DYNAMIC HEALTH PRODUCTS, INC.

Current Principal Place of Business:

12399 BLECHER ROAD SOUTH, SUITE 140
LARGO, FL 33773 US

New Principal Place of Business:

6950 BRYAN DAIRY ROAD
LARGO, FL 33777 US

Current Mailing Address:

12399 BLECHER ROAD SOUTH, SUITE 140
LARGO, FL 33773 US

New Mailing Address:

6950 BRYAN DAIRY ROAD
LARGO, FL 33777 US

FEI Number: 34-1711778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TANEJA, JUGAL K
6950 BRYAN DAIRY ROAD
LARGO, FL 33777 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: TANEJA, JUGAL K
Address: 6950 BRYAN DAIRY RD
City-St-Zip: LARGO, FL 33777

Title: D ( ) Delete
Name: SEKHARAM, KOTHA S
Address: 6950 BRYAN DAIRY RD
City-St-Zip: LARGO, FL 33777

Title: STD ( ) Delete
Name: SHUMAN, CANI CFO
Address: 12399 BLECHER ROAD SOUTH, SUITE 140
City-St-Zip: LARGO, FL 33773 US

Title: D (X) Delete
Name: SHARMA, RAKESH K MD
Address: 12399 BLECHER ROAD SOUTH, SUITE 140
City-St-Zip: LARGO, FL 33773 US

Title: PD (X) Delete
Name: TANEJA, MANDEEP K CEO
Address: 12399 BLECHER ROAD SOUTH, SUITE 140
City-St-Zip: LARGO, FL 33773 US

Title: D (X) Delete
Name: STONE, MORTON L
Address: 12399 BELCHER RD S SUITE 140
City-St-Zip: LARGO, FL 33773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change ( ) Addition
Name: DORE-FALCONE, CAROL CFO
Address: 6950 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: CAROL DORE-FALCONE CFO 04/24/2008
Electronic Signature of Signing Officer or Director Date