




2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000041084						FILED 06 MAY 16 PM 12:28 SECRET TALLAHASSEE, FLORIDA	
1. Entity Name ONLINE MEDS RX, INC.				Principal Place of Business 6911 BRYAN DAIRY R. STE. 210 LARGO, FL 33777			
Mailing Address 6911 BRYAN DAIRY R. STE. 210 LARGO, FL 33777							
2. Principal Place of Business 12399 BELCHER ROAD SOUTH		3. Mailing Address 12399 BELCHER ROAD SOUTH		04242006 Chg-P CR2E034 (11/05)			
Suite, Apt. #, etc. SUITE 140		Suite, Apt. #, etc. SUITE 140		4. FEI Number 59-3577441			
City & State LARGO, FL		City & State LARGO, FL		Applied For <input type="checkbox"/> Not Applicable			
Zip 33773		Country USA		Zip 33773		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent			
TANEJA, JUGAL K 6950 BRYAN DAIRY ROAD LARGO, FL 33777				7. Name and Address of New Registered Agent			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D TANEJA, JUGAL K 6950 BYAN DAIRY ROAD LARGO, FL 33777 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900076204889 05/14/06--01035--012 **\$800.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANEJA, MANDEEP K CEO 6911 BRYAN DAIRY RD., STE. 210 LARGO, FL 33777 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P D CEO TANEJA, MANDEEP K 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHUMAN, CANI CFO 6911 BRYAN DAIRY RD., STE. 210 LARGO, FL 33777 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ST CFO SHUMAN, CANI 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773		
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		
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		
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		
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: 				Mandeep K. Taneja, CEO 4/24/06 727-683-0670			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			