
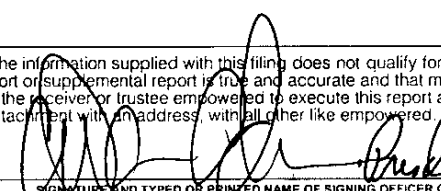


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90002 038 ***150.00

| | | | |
|--|---|---|---|
| DOCUMENT # P05000028483 1. Entity Name ACCESS ONE CONSUMER HEALTH, INC. | |  | |
| Principal Place of Business 809 E MAIN ST SPARTANBURG, SC 29302 | | Mailing Address 809 E MAIN ST SPARTANBURG, SC 29302 | |
| 2. Principal Place of Business - No P.O. Box # 84 Villa Road Suite, Apt. #, etc. | | 3. Mailing Address 84 Villa Road Suite, Apt. #, etc. | |
| City & State Greenville, SC Zip Country 29615 USA | | City & State Greenville, SC Zip Country 29615 USA | |
| 4. FEI Number 01-0830024 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E.GAINES ST. TALLAHASSEE, FL 32399 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code <div style="text-align: right;">FL</div> | |
| 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 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ADAMS, C. DANIEL 809 E MAIN ST SPARTANBURG, SC 29302 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Adams, C. Daniel 84 Villa Road Greenville, SC 29615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST CRAWFORD, JULIAN 809 E MAIN ST SPARTANBURG, SC 29302 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST Crawford, Julian 84 Villa Road Greenville, SC 29615 <input checked="" 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 |
| 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:  | | C. Dan Adams 5/30/07 (800) 896-1962 Date Daytime Phone # | |