


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000003742
 1. Entity Name
 IMMUNA CARE CORPORATION



Principal Place of Business: 650 SENTRY PARKWAY, STE. ONE, BLUE BELL, PA 19422
 Mailing Address: 650 SENTRY PARKWAY, STE. ONE, BLUE BELL, PA 19422

DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number: 23-2521657 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KLUG, THOMAS L
 13654 NORTH 12TH STREET, STE. 3
 TAMPA, FL 33613

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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: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KLUG, THOMAS L
STREET ADDRESS	13654 N. 12TH STREET, STE. 3
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	DVP
NAME	MANKIN, GARY
STREET ADDRESS	650 SENTRY PARKWAY, STE. ONE
CITY-ST-ZIP	BLUE BELL, PA 19422
TITLE	ST
NAME	MANKIN, GARY
STREET ADDRESS	650 SENTRY PARKWAY, STE. ONE
CITY-ST-ZIP	BLUE BELL, PA 19422
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 02/11/08-80003-001 150.00

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 registrar 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: Gary Mankin GARY MANKIN Date: 1/29/08 Daytime Phone #: 610941-2167