

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 AUG 13 AM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N03000003388 1. Entity Name GLOBAL INFUSION, INC.					
Principal Place of Business 1209 NEWFANE CIRCLE KNOXVILLE, TN 37922			Mailing Address P.O. BOX 3178 BRANDON, FL 33509		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YARLOTT, TRACEY 1222 BARMERE LANE BRANDON, FL 33511			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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCORD, MICHAEL 35331 HEARTLAND DRIVE DADE CITY, FL 33523	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORD, MICHAEL 35331 HEARTLAND DRIVE DADE CITY, FL 33523	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCORD, JENNIFER 35331 HEARTLAND DRIVE DADE CITY, FL 33523	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600108387816 08/21/07--01054--017 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAWARD, JOHN 2044 BISHOPS BRIDGE ROAD KNOXVILLE, TN 37922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAUL AOKER 1232 TUXFORD DRIVE BRANDON, FL 33511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOEHN, JOSEPH 1116 COBBLE WAY MARYVILLE, TN 37803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARISSA AOKER 1232 TUXFORD DRIVE BRANDON, FL 33511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWARD, JONATHAN 1209 NEWFANE CIRCLE KNOXVILLE, TN 37922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWARD, JUDY 2044 BISHOPS BRIDGE ROAD KNOXVILLE, TN 37922	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 617, 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: _____		Jennifer McCord - Secretary 8/7/07 813-810-7585		_____ <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

8/15/07