2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006
Secretary of State

DOCUMENT# P00000103296

Entity Name: ZONECARE USA, INC.

Current Principal Place of Business:

223 NE 5TH AVE
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8379
DELRAY BEACH, FL 33482 US

New Mailing Address:

FEI Number: 65-1052296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FENOGLIO, JAMES P
223 NE 5TH AVE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

DEERING, PAUL
223 NE 5TH AVE
DELRAY BEACH, FL 33483 US

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: PAUL DEERING 08/14/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ATKINS, JASON E
Address: 400 EAST COLONIAL DRIVE #602
City-St-Zip: ORLANDO, FL 32803

Title: DP ( ) Delete
Name: BUSCARINI, JAMES K
Address: 16601 SEDONA DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: DST ( ) Delete
Name: WILSON, PATRICIA M
Address: 955 BOLENDER DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ATKINS, JASON E
Address: 450 ALTON RD. #2201
City-St-Zip: MIAMI BEACH, FL 33139

Title: DP (X) Change ( ) Addition
Name: BUSCARINI, JAMES K
Address: 2407 VICTORIA GARDEN LANE
City-St-Zip: TAMPA, FL 33608

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL DEERING RA 08/14/2006
Electronic Signature of Signing Officer or Director Date