2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100153

Entity Name: VICKA HEALTH CARE SERVICES INC.

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

841 CYPRESS WAY E. 1063 GOLDEN LAKES BLVD. WEST PALM BEACH, FL 33406

326

WEST PALM BEACH, FL 33411

Current Mailing Address: New Mailing Address:

P.O. BOX 243314 P.O. BOX 19362

WEST PALM BEACH, FL 33416 BOYNTON BEACH, FL 33424

FEI Number: 30-0104388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VICKERS, JERMAINE VICKERS, JERMAINE 841 CYPRESS WAY E 1063 GOLDEN LAKES BLVD.

WEST PALM BEACH, FL 33406 US WEST PALM BEACH, FL 33416 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: 01/08/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

VICKERS, JERMAINE VICKERS, JERMAINE Name: Name:

841 CYPRESS WAY E. Address: 1063 GOLDEN LAKES BLVD. #326 Address:

City-St-Zip: WEST PALM BEACH, FL 33406 City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

Ρ SIGNATURE: JERMAINE VICKERS 01/08/2007