

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 19, 2008
Secretary of State**

DOCUMENT# P01000100153

Entity Name: VICKA HEALTH CARE SERVICES INC.

Current Principal Place of Business:

1063 GOLDEN LAKES BLVD.
326
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19362
WEST PALM BEACH, FL 33416

New Mailing Address:

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

Name and Address of Current Registered Agent:

VICKERS, JERMAINE
1063 GOLDEN LAKES BLVD.
326
WEST PALM BEACH, FL 33416 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VICKERS, JERMAINE
Address: 1063 GOLDEN LAKES BLVD. #326
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: JERMAINE VICKERS

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02/19/2008

Electronic Signature of Signing Officer or Director

_____ Date