

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006439

Entity Name: OVACOME USA, INC.

Current Principal Place of Business:

2965 164TH AVENUE NORTH
CLEARWATER, FL 33760

Current Mailing Address:

P.O. BOX 152893
TAMPA, FL 33684-2893

FEI Number: 20-1349867

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SNYDER, KIMBERLY S
2965 164TH AVENUE NORTH
CLEARWATER, FL 33760 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name SNYDER, KIMBERLY S
Address 2965 164TH AVENUE NORTH
City-State-Zip: CLEARWATER FL 33760

Title DS
Name KRAFT, LINDA
Address 17 BRENTWOOD COURT
City-State-Zip: FLEMINGTON NJ 08822

Title D
Name MARTINEZ, CAROLE
Address 16701 LONGLEAT DRIVE
City-State-Zip: LUTZ FL 33549

Title D
Name WALKER, KRIS
Address 4110 MARRIETTA STREET
City-State-Zip: TAMPA FL 33616

Title DV
Name JOHNSTON, KATINA
Address 11003 CARROLLWOOD DRIVE
City-State-Zip: TAMPA FL 33618

Title DIRECTOR
Name NOVOSELSKI, DEE
Address 4315 NORTHPARK DRIVE
City-State-Zip: TAMPA FL 33624

Title DIRECTOR
Name HURLEY, DAVID L.
Address 8515 PALM RIVER ROAD
City-State-Zip: TAMPA FL 33619

Title TREASURER
Name TALAVERA, MARIEM
Address 14219 WELLESLEY DRIVE
City-State-Zip: TAMPA FL 33624

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY S SNYDER

PRESIDENT

01/03/2013

Electronic Signature of Signing Officer/Director Detail

Date