


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 427972</b>	
1. Entity Name <b>INFECTIOUS DISEASE, INC.</b>	

Principal Place of Business <b>3329 CR 234 GAINESVILLE FL 32641</b>	Mailing Address <b>C/O MONIF, GILLES, RG P O BOX 1029 BELLEVUE NE 68005 US</b>
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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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent  <b>WILLIAMS, ELLIOT 1205 S.W. 170TH STREET NEWBERRY FL 32669</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent is acceptable. (NOT Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE: IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	MONIF, GILLES R G.
STREET ADDRESS	17121 LAKEWOOD DRIVE
CITY-ST-ZIP	OMAHA NE 68123
TITLE	VPD <input type="checkbox"/> Delete
NAME	MONIF, WILLIAM
STREET ADDRESS	17121 LAKEWOOD DRIVE
CITY-ST-ZIP	OMAHA NE
TITLE	DS <input type="checkbox"/> Delete
NAME	CELINE, MONIF
STREET ADDRESS	17121 LAKEWOOD DRIVE
CITY-ST-ZIP	OMAHA NE 68123
TITLE	D <input type="checkbox"/> Delete
NAME	MONIF, REX
STREET ADDRESS	176 M STRED
CITY-ST-ZIP	TEKAMAH NE 68061
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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 607, 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:** Gilles R. G. Monif **1-23-2008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR