



2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


DOCUMENT # 649731 1. Entity Name ICARE LABS, INC.		
Principal Place of Business 4399 35TH ST. N. P.O. BOX 84000 ST PETERSBURG, FL 33784		Mailing Address 4399 35TH ST. N. P.O. BOX 84000 ST PETERSBURG, FL 33784
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip Country

FILED

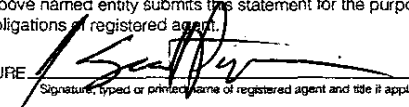
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA





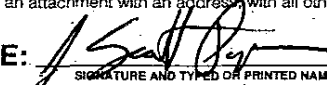
10282004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1981912		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent STANKIEWICZ, CY 4399 35TH STREET NORTH ST. PETERSBURG, FL		
7. Name and Address of New Registered Agent		
Name Payne, J. Scott		Street Address (P.O. Box Number is Not Acceptable) 4399 35th Street North
City Saint Petersburg, FL		Zip Code 33714
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 		J. Scott Payne October 28, 2004 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PAYNE, J SCOTT 4399 35TH ST NORTH SAINT PETERSBURG, FL 33714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000042698410 11/12/04--01061--012 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT STANKIEWICZ, CY 3804 46TH AVE S. ST PETERSBURG, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAYNE, JEFFREY T. 7840 CAUSEWAY BLVD. S. ST. PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Payne, Jeffrey T. 4399 35th St. N. St. Petersburg, Fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEVENS, ROBERT 9180 60TH STREET N. PINELLAS PARK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  J. Scott Payne October 28, 2004 787-812-3004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone