2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

DOCUMENT# F01000002261

Entity Name: DIABETIC CARE NETWORK, INC.

Current Principal Place of Business:

1287 NEWPORT CTR DR.
STE 203
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

1287 NEWPORT CENTER DR.
STE 203
DEERFIELD BEACH, FL 33442

Current Mailing Address:

1287 NEWPORT CTR DR.
STE 203
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 38-2975898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICH, HOWARD
1287 NEWPORT CTR DR., STE 203
DEERFIELD BEACH, FL 33442 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RICH, HOWARD L PRES.
Address: 1287 NEWPORT CTR DR., STE 203
City-St-Zip: DEERFIELD BEACH, FL

Title: TD ( ) Delete
Name: LAXER, SHELDON
Address: 1287 NEWPORT CTR DR., STE 203
City-St-Zip: DEERFIELD BEACH, FL

Title: CSD ( ) Delete
Name: CZEISZPERGER, GEORGE
Address: 125 BELLEVIEW
City-St-Zip: MT. CLEMENS, MI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HOWARD RICH PRES 07/06/2006

Electronic Signature of Signing Officer or Director Date