2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003
Secretary of State

DOCUMENT# F01000006081

Entity Name: ONGOING CARE SOLUTIONS INTERNATIONAL, INC.

Current Principal Place of Business:

PARQUE INDUSTRIAL DEL OESTE, CARRETERA
CIUDAD COLON, LOCAL 3-B
COSTA RICA,

New Principal Place of Business:

PARQUE INDUSTRIAL DEL OESTE, CARRETERA
CIUDAD COLON, LOCAL 3-B
COSTA RICA, CR

Current Mailing Address:

6545 44TH ST N
#4007
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 65-1149426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILKINSON, G. BARRY
696 FIRST AVENUE NORTH, STE 201
ST PETERSBURG, FL 33701 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:	NACE, RICHARD A	
Address:	PARQUE INDUSTRIAL DEL OESTE, CARRETERA	
City-St-Zip:	COSTA RICA,	
Title:	V	( ) Delete
Name:	JAVIER, JEFFREY M	
Address:	PARQUE INDUSTRIAL DEL OESTE, CARRETERA	
City-St-Zip:	COSTA RICA,	
Title:	S	( ) Delete
Name:	NACE, BARBARA	
Address:	PARQUE INDUSTRIAL DEL OESTE, CARRETERA	
City-St-Zip:	COSTA RICA,	
Title:	T	( ) Delete
Name:	JAVIER, NATALIE W	
Address:	PARQUE INDUSTRIAL DEL OESTE, CARRETERA	
City-St-Zip:	COSTA RICA,	
Title:	D	( ) Delete
Name:	COVERT, HAROLD W	
Address:	6545 44TH ST N #4007	
City-St-Zip:	PINELLAS PARK, FL 33781	

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:	
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 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 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: HAROLD W. COVERT D 04/10/2003

Electronic Signature of Signing Officer or Director — Date