2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N03000010269

Entity Name: FEDERAL CURE, INCORPORATED

Current Principal Place of Business:

P.O. BOX 15667
PLANTATION, FL 33317-173 US

New Principal Place of Business:

P.O. BOX 15667
PLANTATION, FL 33318 US

Current Mailing Address:

P.O. BOX 15667
PLANTATION, FL 33317-173 US

New Mailing Address:

P.O. BOX 15667
PLANTATION, FL 33318 US

FEI Number: 20-0427864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAY, JANA V ESQ.
2681 AIRPORT ROAD SOUTH
SUITE C-105
NAPLES, FL 34112 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

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition
Name: VARCA, MARK A D
Address: P.O. BOX 15667
City-St-Zip: PLANTATION, FL 333185667 US

Title: D ( ) Change (X) Addition
Name: LINN, KENNY H D
Address: P.O. BOX 15667
City-St-Zip: PLANTATION, FL 333185667 US

Title: D ( ) Change (X) Addition
Name: JAY, JANA V D
Address: 2681 AIRPORT ROAD SOUTH, SUITE C-105
City-St-Zip: NAPLES, FL 34122

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

SIGNATURE: MARK A. VARCA D 04/27/2004

Electronic Signature of Signing Officer or Director — Date