

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006439

FILED
Jan 24, 2011
Secretary of State

Entity Name: OVACOME USA, INC.

Current Principal Place of Business:

2965 164TH AVENUE NORTH
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 173427
TAMPA, FL 33672

New Mailing Address:

FEI Number: 20-1349867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SNYDER, KIMBERLY S
2965 164TH AVENUE NORTH
CLEARWATER, FL 33760 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: PDT
Name: SNYDER, KIMBERLY S
Address: 2965 164TH AVENUE NORTH
City-St-Zip: CLEARWATER, FL 33760

Title: D
Name: BERRY, KYLE
Address: 18969 PORTOFINO DR.
City-St-Zip: TAMPA, FL 33647

Title: SD
Name: MARTINEZ, CAROLE
Address: 16701 LONGLEAT DRIVE
City-St-Zip: LUTZ, FL 33549

Title: DT
Name: WALKER, KRIS
Address: 4110 MARIETTA STREET
City-St-Zip: TAMPA, FL 33616

Title: DV
Name: JOHNSTON, KATINA
Address: 11003 CARROLLWOOD DRIVE
City-St-Zip: TAMPA, FL 33618 US

Title: D
Name: LEWIS, LINDSEY
Address: 3107 W. HARBOR VIEW AVE
City-St-Zip: TAMPA, FL 33611

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY S. SNYDER

PD

01/24/2011

Electronic Signature of Signing Officer or Director

Date