2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006439

Entity Name: OVACOME USA, INC.

FILED Jan 03, 2012 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

2965 164TH AVENUE NORTH CLEARWATER, FL 33760

Current Mailing Address: New Mailing Address:

P.O. BOX 173427 P.O. BOX 152893 TAMPA, FL 33672 TAMPA, FL 336842893

FEI Number: 20-1349867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SNYDER, KIMBERLY S 2965 164TH AVENUE NORTH CLEARWATER, FL 33760 US

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: PD

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

Title: DS

Name: KRAFT, LINDA

Address: 17016 WINNERS CIRCLE City-St-Zip: ODESSA, FL 33556

Title:

Name: MARTINEZ, CAROLE
Address: 16701 LONGLEAT DRIVE

City-St-Zip: LUTZ, FL 33549

Title: [

Name: WALKER, KRIS

Address: 4110 MARRIETTA STREET

City-St-Zip: TAMPA, FL 33616

Title: DV

Name: JOHNSTON, KATINA

Address: 11003 CARROLLWOOD DRIVE

City-St-Zip: TAMPA, FL 33618 US

Title: DT

Name: LAWRENCE, JULIE
Address: 5308 VAN DYKE ROAD
City-St-Zip: LUTZ, FL 33558

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 P 01/03/2012