

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000103296

Entity Name: ZONECARE USA, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

223 NE 5TH AVE
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8379
DELRAY BEACH, FL 33482 US

New Mailing Address:

FEI Number: 65-1052296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEERING, PAUL
223 NE 5TH AVE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

MCCULLOUGH, MICHELLE CONTRLR
223 NE 5TH AVE
DELRAY BEACH, FL 33483 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: MICHELLE MCCULLOUGH

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ATKINS, JASON E
Address: 450 ALTON RD. #2201
City-St-Zip: MIAMI BEACH, FL 33139

Title: DP () Delete
Name: BUSCARINI, JAMES K
Address: 2407 VICTORIA GARDEN LANE
City-St-Zip: TAMPA, FL 33608

Title: DST () Delete
Name: WILSON, PATRICIA M
Address: 955 BOLENDER DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

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 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: PATRICIA WILSON

DST

04/27/2007

Electronic Signature of Signing Officer or Director

Date