



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90193 006 ***150.00

DOCUMENT # P01000000978 1. Entity Name SINOFRESH HEALTHCARE, INC.					
Principal Place of Business 516 PAUL MORRIS DRIVE ENGLEWOOD, FL 34223			Mailing Address 516 PAUL MORRIS DRIVE ENGLEWOOD, FL 34223		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1082270	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEIN, SCOTT M 516 PAUL MORRIS DRIVE ENGLEWOOD, FL 34223			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB FUST, CHARLES 516 PAUL MORRIS DRIVE ENGLEWOOD, FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Thomas Fitzgerald 4 St. Andrew's Hill Pittsford, New York 14534	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FUST, CHARLES 516 PAUL MORRIS DRIVE ENGLEWOOD, FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bruce W. Simpson 4974 Westbriar Drive Fort Worth, TX 76109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPONT, P. ROBERT 516 PAUL MORRIS DRIVE ENGLEWOOD, FL 34223		<div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OTTO, DAVID M 900 4TH AVENUE SUITE 3140 SEATTLE, WA 98164		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONEY, STACEY 516 PAUL MORRIS DRIVE ENGLEWOOD, FL 34223		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANNON, STEPHEN 516 PAUL MORRIS DRIVE ENGLEWOOD, FL 34223		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SCOTT M. Klein 4-23-07 (941) 681-3122 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					