2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000978

Entity Name: SINOFRESH HEALTHCARE, INC.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
516 PAUL MORRIS DRIVE ENGLEWOOD, FL 34223				787 COMMERCE DR. SUITE #6 VENICE, FL 34292		
Current Mailing Address:				New Mailing Address:		
516 PAUL MORRIS DRIVE ENGLEWOOD, FL 34223				787 COMMERCE DR. SUITE #6 VENICE, FL 34292		
FEI Number:	65-1082270	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	ew Registered Agent:
KLEIN, SCOTT M 516 PAUL MORRIS DRIVE ENGLEWOOD, FL 34223 US				CHARLES, FUST A 787 COMMERCE DRIVE SUITE 6 VENICE, FL 34292 US		
The above in the State	named entity s e of Florida.	ubmits this statement for the p	ourpose o	f changing it	ts registered of	fice or registered agent, or both,
SIGNATURE: CHARLES A. FUST				04/28/2008		
Election Can		c Signature of Registered Age Trust Fund Contribution ().	ent			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FUST, CHARLES 516 PAUL MORI ENGLEWOOD, I	RIS DRIVE FL 34223		Title: Name: Address: City-St-Zip:	FUST, CHARLES 787 COMMERC VENICE, FL 342	E DRIVE, SUITE 6 292
Title: Name: Address: City-St-Zip:	CEO () FUST, CHARLES 516 PAUL MORI ENGLEWOOD, I	RIS DRIVE		Title: Name: Address: City-St-Zip:	FUST, CHARLES 787 COMMERC	E DRIVE, SUITE 6
Title: Name: Address: City-St-Zip:	D () FITZGERALD, T 4 ST. ANDREWS PITTSFORD, NY	SHILL		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	DS () OTTO, DAVID M 900 4TH AVENU SEATTLE, WA S	E SUITE 3140		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	D () SIMPSON, BRU 4974 WESTBRI FORT WORTH,	AR DRIVE		Title: Name: Address: City-St-Zip:	AZIZI, RAZEK	Change () Addition DGE MALL RD SUITE 270 DA 94588
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	TERRY, RITTER	OGE MALL RD SUITE 270

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: CHARLES A. FUST CEO 04/28/2008