2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# P01000100651

Entity Name: WE CARE PHLEBOTOMY, INC.

Current Principal Place of Business:

3350 NW 22 DR
COCONUT CREEK, FL 33066

New Principal Place of Business:

630 SW 7TH AVE
FORT LAUDERDALE, FL 33315

Current Mailing Address:

3350 NW 22 DR
COCONUT CREEK FL
COCONUT CREEK, FL 33066

New Mailing Address:

P.O. BOX 590431
TAMARA, FL 33359

FEI Number: 65-1139552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POPE, RAMONA
4230 N.W. 21 ST STREET #235
LAUDERHILL, FL 33313 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POPE, RAMONA
Address: 4230 N.W. 21 ST STREET #235
City-St-Zip: LAUDERHILL, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RAMONA POPE P 04/25/2006

Electronic Signature of Signing Officer or Director — Date