


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90507 021 ***150.00

DOCUMENT # P02000107141	
1. Entity Name VICKERS ONE, INC.	

Principal Place of Business 115 SANDPOINTE COURT VERO BEACH, FL 32963	Mailing Address 115 SANDPOINTE COURT VERO BEACH, FL 32963
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2. Principal Place of Business 9891 U.S. Highway 1	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sebastian FL	City & State
Zip 32958	Country U.S.A.



04152004 Chg-P CR2E034 (10/03)

4. FEI Number 35-2184336	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MALVAN, MITCHELL B 115 SANDPOINTE COURT VERO BEACH, FL 32963	

7. Name and Address of New Registered Agent	
Name Malvan, Mitchell B	
Street Address (P.O. Box Number is Not Acceptable) 9891 U.S. Highway 1	
City Sebastian	FL Zip Code 32958

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: *M. B. Malvan* *Mitchell B. Malvan* *4/18/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALVAN, MITCHELL B 115 SANDPOINTE COURT VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MALVAN, MITCHELL B 115 SANDPOINTE COURT VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: *M. B. Malvan* *Mitchell B. Malvan, Pres.* *4/18/04* *772-388-5250*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #