2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113365

Entity Name: ASAP PHLEBOTOMY & TRAINING, INC.

FILED May 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9999 SUMMERBREEZE DR. 3183 NW 41ST STREET

818 LAUDERDALE LAKES, FL 33309

SUNRISE, FL 33322

Current Mailing Address: New Mailing Address:

9999 SUMMERBREEZE DR. 3183 NW 41ST STREET

818 LAUDERDALE LAKES, FL 33309 SUNRISE, FL 33322

FEI Number: 42-1560097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEVONE, RETHA
9999 SUMMERBREEZE DR. #818
FRECKLETON, RETHA
3183 NW 41ST STREET

SUNRISE, FL 33322 LAUDERDALE LAKES, FL 33309

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: RETHA FRECKLETON 05/01/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition

Name:DEVONE, RETHAName:FRECKLETON, RETHAAddress:9999 SUMMERBREEZE DR. #818Address:3183 NW 41ST STREET

City-St-Zip: SUNRISE, FL 33322 City-St-Zip: LAUDERDALE LAKES, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RETHA FRECKLETON PSD 05/01/2004

Electronic Signature of Signing Officer or Director

Date