2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State
06-21-2006 90002 011 ***150.00
07-24-2006 90002 017 ***400.00

50022934

DOCUMENT # P03000010937

1. Entity Name
PHLEBOTOMY EXPRESS, INC.

04012006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
~~4016 S.W. 89TH TERRACE~~ ~~MIRAMAR, FL 33023~~ 1661 PINETREE LANE PEMBROKE PINES, FL 33026	~~4016 S.W. 89TH TERRACE~~ ~~MIRAMAR, FL 33023~~ 1661 PINETREE LANE PEMBROKE PINES, FL 33026
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 54-2105336 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALKER, OLIVE ~~4016 S.W. 89TH TERRACE~~ ~~MIRAMAR, FL 33023~~ 1661 PINETREE LANE PEMBROKE PINES, FL 33026	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D WALKER, OLIVE ~~4016 S.W. 89TH TERRACE~~ 1661 PINETRE LN ~~MIRAMAR, FL 33023~~ PEMBROKE PINES FLORIDA 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEMMINGS, ASHLEY JR 1661 PINETRE LN ~~4016 S.W. 89TH TERRACE~~ PEMBROKE PINES ~~MIRAMAR, FL 33023~~ FLORIDA 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: OLIVE WALKER Olive Walker 4-17-06 9543364827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #