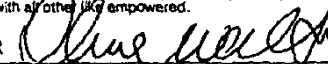


FILED
Jul 24, 2006 8:00 am
Secretary of State

06-21-2006 90002 011 ***150.00
07-24-2006 90002 017 ***400.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000010937		
1. Entity Name PHLEBOTOMY EXPRESS, INC.		
Principal Place of Business 4016 SW 89TH TERRACE MIRAMAR, FL 33023 1661 PINETREE LANE PEMBROKE PINES, FL 33026		Mailing Address 4016 SW 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 WALKER, OLIVE 4016 SW 89TH TERRACE MIRAMAR, FL 33023 1661 PINETREE LANE PEMBROKE PINES, FL 33026		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
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	☐ Delete WALKER, OLIVE 4016 SW 89TH TERRACE 1661 PINETREE LN PEMBROKE PINES FLORIDA 33026	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete HEMMINGS, ASHLEY JR 4016 SW 89TH TERRACE 1661 PINETREE LN PEMBROKE PINES FLORIDA 33026	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 		4-17069543364827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Deputy Phone #

50022934



04012006 Chg-P CR2E034 (11/05)