2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007
Secretary of State

DOCUMENT# P04000058497

Entity Name: PAULINE'S PHLEBOTOMY SERVICES, INC.

Current Principal Place of Business:

1721 NICOLLETT AVENUE
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

1721 NICOLLETT AVENUE
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 01-0815734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DESLOUCHES, JEROME
14850 W. DIXIE HWY.
SUTIE 35
NORTH MIAMI, FL 33181 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: NOBLE, PAULINE
Address: 1721 NICOLLETT AVENUE
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change ( ) Addition
Name: NOBLE, PAULINE
Address: 1721 NICOLLETT AVENUE
City-St-Zip: NORTH PORT, FL 34286

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: PAULINE NOBLE MRS 02/27/2007

Electronic Signature of Signing Officer or Director — Date