2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# P04000142705

Entity Name: GOODFELLA'S PHLEBOTOMY, INC.

Current Principal Place of Business:

2421 DUCK LAKE DRIVE WEST
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16952
JACKSONVILLE, FL 322456952

New Mailing Address:

P.O. BOX 16952
YULEE, FL 32041

FEI Number: 20-1785874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALLORY, TONY ROLAND
2421 DUCK LAKE DRIVE WEST
FERNANDINA BEACH, FL 32034 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: PVST ( ) Delete
Name: MALLORY, TONY ROLAND
Address: 2421 DUCK LAKE DRIVE WEST
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete
Name: MALLORY, TONY ROLAND
Address: 2421 DUCK LAKE DRIVE WEST
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: MALLORY, DEBORAH C
Address: 2421 DUCK LAKE DRIVE WEST
City-St-Zip: FERNANDINA BEACH, FL 32034

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: TONY ROLAND MALLORY D 04/21/2005
Electronic Signature of Signing Officer or Director — Date