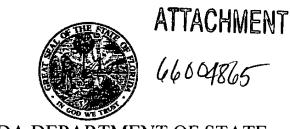
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 13, 2006 8:00 am Secretary of State DOCUMENT # P05000035650 02-20-2006 90039 004 ***150.00 1. Entity Name EUROPEAN CLINIC, INC. Principal Place of Business Mailing Address 1000 SW 12TH STREET 1000 SW 12TH STREET UNIT 302 B FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Adoress Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 20 248 4920 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHECKMARK SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 3042 N. FEDERAL HIGHWAY **SUITE 205** FORT LAUDERDALE FL 33306 City 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 SIGNATURE Superiore, syonid or printed name of rugistered agons and talls it applicable (NOTE: Registered Agent signature resoured when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FIFLE ☐ Defete TITLE ☐ Change Addition NAME JOBE, CALVIN L NAME STREET ADDRESS 1000 SW 12TH STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33315 CITY - ST- ZIP DILE ☐ Defete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delcte TITLE ☐ Change Addition NAME NALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZW CITY-ST-ZIP ☐ Delete MLE ☐ Change Addition NAME NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CAKUIN L. JOBE Presulent

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

EUROPEAN CLINIC, INC. 1000 SW 12TH STREET UNIT 302 B FORT LAUDERDALE, FL 33315

Subject: EUROPEAN CLINIC, INC.

Reference Number:

P05000035650

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION