2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006
Secretary of State

DOCUMENT# P05000070006

Entity Name: GLOBAL MEDCARE NETWORK, INC.

Current Principal Place of Business:

555 SW 12TH AVE., STE. 120
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

555 SW 12TH AVE., STE. 120
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 51-0543145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4TH FL
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SCHUMER, JARRED R
555 SW 12TH AVE., STE. 120
POMPANO BEACH, FL 33069 US

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: JARRED R. SCHUMER 04/03/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: SCHUMER, JARRED
Address: 555 SW 12TH AVE., STE. 120
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete
Name: SCHUMER, JARRED
Address: 555 SW 12TH AVE., STE. 120
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete
Name: MOSKOWITZ, CHARLES
Address: 555 SW 12TH AVE., STE. 120
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JARRED SCHUMER PVST 04/03/2006
Electronic Signature of Signing Officer or Director Date