

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000070006

FILED  
Feb 02, 2007  
Secretary of State

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:

1500 W CYPRESS CREEK RD  
202  
FORT LAUDERDALE, FL 33309

## Current Mailing Address:

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

## New Mailing Address:

1500 W CYPRESS CREEK RD  
202  
FORT LAUDERDALE, FL 33309

FEI Number: 51-0543145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SCHUMER, JARRED R  
1500 W CYPRESS CREEK RD  
202  
FORT LAUDERDALE, FL 33309 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:

02/02/2007

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: PVST (X) Change ( ) Addition  
Name: SCHUMER, JARRED  
Address: 1500 W CYPRESS CREEK RD 202  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D (X) Change ( ) Addition  
Name: SCHUMER, JARRED  
Address: 1500 W CYPRESS CREEK RD 202  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D (X) Change ( ) Addition  
Name: MOSKOWITZ, CHARLES  
Address: 1500 W CYPRESS CREEK RD 202  
City-St-Zip: FORT LAUDERDALE, FL 33309

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

P

02/02/2007

Electronic Signature of Signing Officer or Director

Date