2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P05000070006

Entity Name: GLOBAL MEDCARE NETWORK, INC.

Current Principal Place of Business:

1500 W CYPRESS CREEK RD
202
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

1001 W CYPRESS CREEK RD
207
FORT LAUDERDALE, FL 33309

Current Mailing Address:

1500 W CYPRESS CREEK RD
202
FORT LAUDERDALE, FL 33309

New Mailing Address:

1001 W CYPRESS CREEK RD
207
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
1500 W CYPRESS CREEK RD
202
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

SCHUMER, JARRED R
1001 W CYPRESS CREEK RD
207
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: JARRED SCHUMER 05/01/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: SCHUMER, JARRED
Address: 1001 W CYPRESS CREEK RD 207
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D (X) Change ( ) Addition
Name: SCHUMER, JARRED
Address: 1001 W CYPRESS CREEK RD 207
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D (X) Change ( ) Addition
Name: MOSKOWITZ, CHARLES
Address: 1001 W CYPRESS CREEK RD 207
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify 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 05/01/2008
Electronic Signature of Signing Officer or Director Date