2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000028069

Entity Name: VAXCARE CORPORATION

JACKSONVILLE, FL 32246

City-St-Zip:

FILED May 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 328 CRANDON BLVD STE 225 KEY BISCAYNE, FL 33149 **Current Mailing Address: New Mailing Address:** 328 CRANDON BLVD STE 225 KEY BISCAYNE, FL 33149 FEI Number: 02-0769966 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRABTREE, JOHN 328 CRANDON BLVD STE 225 KEY BISCAYNE, FL 33149 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: 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete () Change () Addition CRABTREE, JOHN Name: Name: 328 CRANDON BLVD STE 225 Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: () Delete Title: VPTD Title: () Change () Addition Name: MAZZOLI, JON Name: 9995 GATE PARKWAY SUITE 250 Address: Address:

City-St-Zip:

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: JOHN G. CRABTREE PSD 05/17/2007