

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 24, 2007
Secretary of State**

DOCUMENT# P06000028069

Entity Name: VAXCARE CORPORATION

Current Principal Place of Business:

328 CRANDON BLVD STE 225
KEY BISCAYNE, FL 33149

New Principal Place of Business:

20 NORTH ORANGE AVENUE
1305
ORLANDO, FL 32806

Current Mailing Address:

328 CRANDON BLVD STE 225
KEY BISCAYNE, FL 33149

New Mailing Address:

20 NORTH ORANGE AVENUE
1305
ORLANDO, FL 32806

FEI Number: 02-0769966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRABTREE, JOHN
328 CRANDON BLVD STE 225
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

DELOACH, CASEY
20 NORTH ORANGE AVENUE
1305
ORLANDO, FL 32806 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: CASEY DELOACH

08/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CRABTREE, JOHN
Address: 328 CRANDON BLVD STE 225
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPTD () Delete
Name: MAZZOLI, JON
Address: 9995 GATE PARKWAY SUITE 250
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRABTREE, JOHN
Address: 20 NORTH ORANGE AVENUE, SUITE 1305
City-St-Zip: ORLANDO, FL 32806

Title: VPTD (X) Change () Addition
Name: MAZZOLI, JON
Address: 20 NORTH ORANGE AVENUE, SUITE 1305
City-St-Zip: ORLANDO, FL 32806

Title: VPSD () Change (X) Addition
Name: DELOACH, CASEY
Address: 20 NORTH ORANGE AVENUE, SUITE 1305
City-St-Zip: ORLANDO, FL 32806

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: CASEY DELOACH

VP

08/24/2007

Electronic Signature of Signing Officer or Director

Date