2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2010
Secretary of State

DOCUMENT# P06000102948

Entity Name: AUTOVAXID, INC.

Current Principal Place of Business:

324 SOUTH HYDE PARK AVENUE
SUITE 350
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

324 SOUTH HYDE PARK AVENUE
SUITE 350
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 20-5342887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCNULTY, JAMES A CPA
324 S. HYDE PARK AVE.
SUITE 350
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D
Name: O'DONNELL, FRANCIS E JR. MD
Address: 324 S. HYDE PARK AVE., STE. 350
City-St-Zip: TAMPA, FL 33606 US

Title: CFO
Name: PEARCE, ALAN M
Address: 324 S. HYDE PARK AVE., STE. 350
City-St-Zip: TAMPA, FL 33606 US

Title: SEC
Name: MOSER, DAVID
Address: 324 S. HYDE PARK AVE., STE. 350
City-St-Zip: TAMPA, FL 33606 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID MOSER SEC 04/13/2010

Electronic Signature of Signing Officer or Director Date