2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# P07000045026

Entity Name: PHLEBOTOMISTS ON WHEELS, INC.

Current Principal Place of Business:

1221 NW 3RD AVENUE
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

1229 NW 3RD AVENUE APT 247
POMPANO BEACH, FL 33060 US

Current Mailing Address:

1221 NW 3RD AVENUE
POMPANO BEACH, FL 33060 US

New Mailing Address:

1229 NW 3RD AVENUE APT 247
POMPANO BEACH, FL 33060 US

FEI Number: 20-8830450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, TAMIKA
1221 NW 3RD AVENUE
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

WILLIAMS, TAMIKA
1221 NW 3RD AVENUE APT 247
POMPANO BEACH, FL 33060 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: TAMIKA WILLIAMS 01/17/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete
Name: WILLIAMS, TAMIKA
Address: 1221 NW 3RD AVENUE
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: D,VP ( ) Delete
Name: PEREZ, GREGORIS
Address: 1221 NW 3RD AVENUE
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: DST ( ) Delete
Name: STRINGER, TAKISHA
Address: 1221 NW 3RD AVENUE
City-St-Zip: POMPANO BEACH, FL 33060 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILLIAMS, TAMIKA
Address: 1229 NW 3RD AVENUE APT 247
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: VP (X) Change ( ) Addition
Name: PEREZ, GREGORIS
Address: 1229 NW 3RD AVENUE APT 247
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: S (X) Change ( ) Addition
Name: SIMPSOM, NAMEBIA
Address: 1229 NW 3RD AVENUE APT 247
City-St-Zip: POMPANO BEACH, FL 33060

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: TAMIKA WILLIAMS PD 01/17/2008
Electronic Signature of Signing Officer or Director Date