## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Jan 30, 2008 8:00 am Secretary of State

DOCUMENT # P07000101609  1. Entity Name COMPUCURE, INC.					01-30-2008 90030 036 ***150.00				
Principal Place	e of Business	Mailing Address							
747 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880 US		747 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880 US		us · · ˈ					
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242008	Chg-P	CR2E03	34 (12/06)		
City & State		City & State		4. FEI Number	8987	42	- <del></del>	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered A	gent	
				Name					
	CHAEL ESS GARDENS BLVD IAVEN, FL 33880			Street Address (	P.O. Box Numbe	r is Not Acceptal	ble)		
1			ļ						į
		City					FL	Zip Code	9
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOWI!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.					.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO O	FFICERS AND	DIRECTORS	S IN 11
TITLE	PVST Delete		HITLE					Change	☐ Addition
NAME AFOREX LEGISLES	· ·			E					
STREET ADDRESS City-St-Zip	747 CYPRESS GARDENS BLV WINTER HAVEN, FL 33880	ט		ET ADDRESS - ST - ZIP					
TITLE	D Delete III							Change	
NAME	QUICK, MICHAEL NAI			E					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-SI-ZIP				C 1 01	
TITLE NAME		☐ Delete	TITLE NAMI					Change	Addition
STREET ADDRESS				ET ADDRESS					
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TITLE		Delete	TITLE	l l				Change	☐ Addition
NAME STREET ADDRESS			NAM	E ET AUDRESS					
CITY-ST-ZIP				-SI-ZIP					
TITLE		☐ Delete	TITLE	E				Change	Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADORESS - ST - ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME		☐ Delete	NAM	l l				change	radition
STREET ADDRESS				E1 AUDRESS					
				-ST-ZIP				<del>_</del>	<del></del>
12. I hereby of	certify that the information supplied will on this report or supplemental report.	In this filing does not qualify	for the exi	emptions contained	d in Chapter 119	, Florida Statutes	s. I further cert	ity that the in	ntormation or director

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oalt; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all wher like empowered.

MCHAPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: \_