

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 649731

FILED
Apr 15, 2004
Secretary of State

Entity Name: ICARE LABS, INC.

Current Principal Place of Business:

4399 35TH ST. N.
P.O. BOX 84000
ST PETERSBURG, FL 33784

New Principal Place of Business:

Current Mailing Address:

4399 35TH ST. N.
P.O. BOX 84000
ST PETERSBURG, FL 33784

New Mailing Address:

FEI Number: 59-1981912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANKIEWICZ, CY
4399 35TH STREET NORTH.
ST. PETERSBURG, FL 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: PD () Delete
Name: STANKIEWICZ, CY
Address: 4399 35TH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: VT () Delete
Name: STANKIEWICZ, CY,
Address: 3804 46TH AVE S.
City-St-Zip: ST PETERSBURG, FL

Title: VS () Delete
Name: PAYNE, JEFFREY T.,
Address: 7840 CAUSEWAY BLVD. S.
City-St-Zip: ST. PETERSBURG, FL

Title: V () Delete
Name: STEVENS, ROBERT,
Address: 9180 60TH STREET N.
City-St-Zip: PINELLAS PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: PAYNE, J SCOTT
Address: 4399 35TH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: PAYNE, JEFFREY T.,
Address: 7840 CAUSEWAY BLVD. S.
City-St-Zip: ST. PETERSBURG, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CY STANKIEWICZ

VT

04/15/2004

Electronic Signature of Signing Officer or Director

_____ Date