

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 649731

Entity Name: ICARE LABS, INC.

FILED  
Jan 05, 2007  
Secretary of State

**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:**

PAYNE, J SCOTT  
4399 35TH STREET NORTH  
ST. PETERSBURG, FL 33714      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: C      ( ) Delete  
Name: PAYNE, J SCOTT  
Address: 4399 35TH ST NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: P      ( ) Delete  
Name: PAYNE, JEFFREY T  
Address: 4399 35TH ST. N.  
City-St-Zip: ST PETERSBURG, FL 33784

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: GREG GEHRIG

CTLR

01/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date