

1.) CORPORATION NAME:

VAXCARE CORPORATION

DUE DATE: **8/31/2011**

SCC ID NO: **F1834300**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

INCORPORATING SERVICES LTD

7288 HANOVER GREEN DR

MECHANICSVILLE, VA 23111

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	100,000
COMNV	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 GATLIN AVE.

CITY/ST/ZIP: ORLANDO, FL 32806-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOHN CRABTREE
TITLE: VP/TREAS/DIR
ADDRESS: 400 GATLIN AVE.
CITY/ST/ZIP/CO: ORLANDO, FL 32806-

OFFICER

DIRECTOR

NAME: CASEY DELOACH
TITLE: PRESIDENT
ADDRESS: 400 GATLIN AVE.
CITY/ST/ZIP/CO: ORLANDO, FL 32806-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CASEY DELOACH

CASEY DELOACH, PRESIDENT

8/29/2011

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.