


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000001445
1. Entity Name
CARE ENVIRONMENTAL CORP.



Principal Place of Business
10 ORBEN DRIVE
LANDING, NJ 07850

Mailing Address
10 ORBEN DRIVE
LANDING, NJ 07850

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3070727

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE, FL 32301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCPS
NAME	MCKENNA, FRANCIS J JR.
STREET ADDRESS	10 ORBEN DRIVE
CITY - ST - ZIP	LANDING, NJ 07850
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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11/17/06 973 398-5700

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1/17/06 973 398-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #