2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000032

Entity Name: JL CARES, INC.

FILED Jan 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16823 CAPTAIN KIRLE DRIVE JUPITER, FL 33477 **Current Mailing Address: New Mailing Address:** 16823 CAPTAIN KIRLE DRIVE JUPITER, FL 33477 FEI Number: 65-0808362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRAY, DON 16823 CAPTAIN KIRLE DRIVE JUPITER, FL 33477 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PRAY, DON Name: Name: 257 BARBADOS DRIVE Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: CT () Delete Title: () Change () Addition Name: O'DAY, ARTHUR Name: Address: 17072 TRAVERSE CIRCLE Address: City-St-Zip: JUPITER, FL 33477 City-St-Zip: Title: () Delete Title: () Change () Addition DEMARCO, ELLEN Name: Name: 15845 WINDRIFT DRIVE Address: Address: City-St-Zip: JUPITER, FL 33477 US City-St-Zip: Title: VT () Delete Title: () Change () Addition Name: WHALEN, FLORENCE Name: 3791 SHEARWATER DRIVE Address: Address: City-St-Zip: JUPITER, FL 33477 US City-St-Zip: Title: () Delete Title: () Change () Addition O'DONNELL, MAURA Name: Name: 16618 HIDDEN COVE DRIVE Address: Address: City-St-Zip: JUPITER, FL 33477 City-St-Zip: Title: () Delete Title: () Change () Addition PATENAUDE, MONIQUE Name: Name: Address: 15585 WESTERLY TERRACE Address: JUPITER, FL 33477 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON PRAY TR 01/18/2008