2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# P02000047124

Entity Name: INVESTMENT CARE SERVICE, INC.

Current Principal Place of Business:

5204 SEBASTIAN CLOSE RD
PLANT CITY, FL 33565

New Principal Place of Business:

Current Mailing Address:

PO BOX 308
THONOTOSASSA, FL 335920308

New Mailing Address:

FEI Number: 42-1533580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHASE, DONALD
5204 SEBASTIAN CLOSE RD
PLANT CITY, FL 33565 US

Name and Address of New Registered Agent:

CHASE, CHERYL
5204 SEBASTIAN CLOSE RD
PLANT CITY, FL 33565 US

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: CHERYL L. CHASE 01/13/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CHASE, DONALD
Address: 5204 SEBASTIAN CLOSE RD
City-St-Zip: PLANT CITY, FL 33565

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CHASE, CHERYL L PRES
Address: 5204 SEBASTIAN CLOSE RD
City-St-Zip: PLANT CITY, FL 33565

Title: O ( ) Change (X) Addition
Name: CHASE, CHRISTOPHER D
Address: 18828 LITZAU
City-St-Zip: LAND O LAKES, FL 34638

Title: O ( ) Change (X) Addition
Name: CHASE, STEWART K
Address: PO BOX 513
City-St-Zip: HARRISONVILLE, MO 64701

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL L. CHASE D 01/13/2009
Electronic Signature of Signing Officer or Director Date