

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011823

FILED
Apr 30, 2005
Secretary of State

Entity Name: CAREGIVERS UNLIMITED INC.

Current Principal Place of Business:

4029 BEE RIDGE RD SUITE 5105
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

4029 BEE RIDGE RD SUITE 5105
SARASOTA, FL 34233 US

New Mailing Address:

FEI Number: 41-2088590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARDEN, AMY A MS.
4738 SPAHN STREET
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

ARDEN, AMY A MS.
4029 BEE RIDGE ROAD # 5105
SARASOTA, FL 34233 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:

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ARDEN, AMY A MS
Address: 4738 SPAHN STREET
City-St-Zip: SARASOTA, FL 34232 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: AMY A. ARDEN

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date