2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2005
Secretary of State

DOCUMENT# L03000037160

Entity Name: CONSUMER CARE OF AMERICA, LLC

Current Principal Place of Business:

PO BOX 15401
PLANTATION, FL 33318

New Principal Place of Business:

Current Mailing Address:

PO BOX 15401
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 68-0581262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
103 N. MERIDIAN ST., LOWER LEVEL
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SPERBER, BRIAN MR.
10031 NW 3RD COURT
PLANTATION, FL 33324 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: BRIAN SPERBER 05/10/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: HAW, JOHN O PRES.
Address: 11020 NW 18TH COURT
City-St-Zip: PLANTATION, FL 33322

Title: MGRM ( ) Delete
Name: SPERBER, BRIAN
Address: 10031 NW 3RD COURT
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HAW, JOHN O GM
Address: 11020 NW 18TH COURT
City-St-Zip: PLANTATION, FL 33322

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN O. HAW, JR. GM 05/10/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date