

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 675928

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: LOVING CARE BOARDING HOME, INC.

## Current Principal Place of Business:

C/O SMILEY ROBINSON  
1600 N.W. 61ST ST.  
MIAMI, FL 33138

## New Principal Place of Business:

C/O SMILEY ROBINSON  
1600 N.W. 61ST ST.  
MIAMI, FL 33142

## Current Mailing Address:

C/O SMILEY ROBINSON  
1600 N.W. 61ST ST.  
MIAMI, FL 33138

## New Mailing Address:

C/O SMILEY ROBINSON  
1600 N.W. 61ST ST.  
MIAMI, FL 33142

FEI Number: 59-2036230

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBINSON, SMILEY  
1600 N.W. 61ST ST.  
MIAMI, FL 33138 US

## Name and Address of New Registered Agent:

ROBINSON, SMILEY  
1600 N.W. 61ST ST.  
MIAMI, FL 33142 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:

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROBINSON, SMILEY,  
Address: 1600 NW 61ST ST.  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: ROBINSON, CAROL S.,  
Address: 1600 NW 61ST ST.  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ROBINSON, SMILEY,  
Address: 1600 NW 61ST ST.  
City-St-Zip: MIAMI, FL 33142 US

Title: D (X) Change ( ) Addition  
Name: ROBINSON, CAROL S.,  
Address: 1600 NW 61ST ST.  
City-St-Zip: MIAMI, FL 33142 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SMILEY ROBINSON

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date