2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# 705850

Entity Name: WEE CARE INC

Current Principal Place of Business:

209 S.W. 10TH STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

209 S.W. 10TH STREET
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 59-1114049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORER, SHIRLEY B
200 NW AVENUE D
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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:

Title: ED ( ) Delete
Name: MOORER, SHIRLEY B
Address: 200 NW AVENUE D
City-St-Zip: BELLE GLADE, FL 33430

Title: PD ( ) Delete
Name: SINGLETON, GETCHRELL,
Address: 224 S.W. 12TH ST.
City-St-Zip: BELLE GLADE, FL

Title: VP ( ) Delete
Name: CLAY, IRENE
Address: 1216 SW AVENUE C PLACE
City-St-Zip: BELLE GLADE, FL 33430

Title: T ( ) Delete
Name: WILFORD, DOROTHY G
Address: 605 SW 13TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: S ( ) Delete
Name: KNOWLES, IRIS
Address: 609 SW 13TH STREET
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: SINGLETON, GETCHRELL,
Address: 224 S.W. 12TH ST.
City-St-Zip: BELLE GLADE, FL 33430

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: MCKENZIE, JAMES
Address: 1748 NW AVENUE G
City-St-Zip: BELLE GLADE, FL 33430

Title: ( ) Change ( ) Addition
Name:
Address:
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: SHIRLEY MOORER ED 01/22/2008

Electronic Signature of Signing Officer or Director — Date