

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90365 001 \*\*\*300.00

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<b>DOCUMENT # F02000004898</b> 1. Entity Name <b>THE ELDERCARE COMPANIES, INC.</b>			
Principal Place of Business <b>1101 RICHMOND AVENUE - SUITE 201 POINT PLEASANT BEACH, NJ 08742</b>		Mailing Address <b>1101 RICHMOND AVENUE - SUITE 201 POINT PLEASANT BEACH, NJ 08742</b>	
2. Principal Place of Business <b>3440 Hollywood Blvd.</b>		3. Mailing Address <b>PO Box 427</b>	
Suite, Apt. #, etc. <b>Suite 415</b>		Suite, Apt. #, etc. 	
City & State <b>Hollywood, FL</b>		City & State <b>New Egypt, NJ</b>	
Zip <b>33021</b>		Zip <b>08533-0427</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>22-3535469</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCST SCHWARTZ, DAVID C 1101 RICHMOND AVENUE - SUITE 201 POINT PLEASANT BEACH, NJ 08742	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCST David Schwartz 3440 Hollywood Blvd, suite 415 Hollywood, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, PAULA 3 JAYWOOD MANOR DRIVE BRICK, NJ 08724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Smith, Paula 3440 Hollywood Blvd, Suite 415 Hollywood, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b>		Date <b>3/1/06</b> Daytime Phone # <b>(609)758-5703</b>	