

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000117

Entity Name: PRIDECARE, INC.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

4 HOOK ROAD
SHARON HILL, PA 190791012

New Principal Place of Business:

Current Mailing Address:

4 HOOK ROAD
SHARON HILL, PA 190791012

New Mailing Address:

FEI Number: 13-3842491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEAD, CHARLES ESQ.
370 W. CAMINO GARDENS BLVD., PLAZA 7
SUITE 300
BOCA RATON, FL 33432 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KUO, JAMES
Address: 4 HOOK ROAD
City-St-Zip: SHARON HILL, PA 190791012 US

Title: SD () Delete
Name: TROILO, JOSEPH
Address: 4 HOOK ROAD
City-St-Zip: SHARON HILL, PA 190791012

Title: CFO () Delete
Name: OLEJNIK, ANNA
Address: 4 HOOK ROAD
City-St-Zip: SHARON HILL, PA 190791012

Title: T () Delete
Name: KOLLEDA, BRUCE
Address: 4 HOOK ROAD
City-St-Zip: SHARON HILL, PA 190791012

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MIRRA, RAYMOND A
Address: 4 HOOK ROAD
City-St-Zip: SHARON HILL, PA 190791012 US

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

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

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

Title: VPD () Change (X) Addition
Name: TROPANO, JOSEPH
Address: 4 HOOK ROAD
City-St-Zip: SHARON HILL, PA 190791012

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: RAYMOND A. MIRRA, JR.

PD

04/21/2005

Electronic Signature of Signing Officer or Director

Date