

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90092 013 \*\*\*158.75

<b>DOCUMENT # F06000000306</b> 1. Entity Name <b>CARE FOCUS, INC.</b>					
Principal Place of Business <b>7080 SAMUEL MORSE DRIVE</b> <b>COLUMBIA, MD 21046</b> <b>7227 LEE DEFOREST DR. LEE DEFOREST DR.</b>			Mailing Address <b>7080 SAMUEL MORSE DRIVE</b> <b>COLUMBIA, MD 21046 7227</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
01052007      Chg-P      CR2E034 (12/06)				4. FEI Number <b>56-2174499</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BISCIOTTI, STEPHEN J</b> <b>7301 PARKWAY DRIVE</b> <b>HANOVER, MD 21076</b>	<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	<b>D</b> <b>DAVIS, JAMES N C</b> <b>7301 PARKWAY DRIVE</b> <b>HANOVER, MD 21076</b>	<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	<b>P</b> <b>WYNNE, BRIAN T</b> <b>7080 SAMUEL MORSE DRIVE</b> <b>COLUMBIA, MD 21046</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7227 LEE DEFOREST DR.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST</b> <b>FRANCHAK, DAVID C</b> <b>7080 SAMUEL MORSE DRIVE</b> <b>COLUMBIA, MD 21046</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7227 LEE DEFOREST DR.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>DAVID FRANCHAK</b> 410-910-1500 <small>Date      Daytime Phone #</small>		