


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90384 023 ****61.25

DOCUMENT # F06000001946	
1. Entity Name	
"SOMEONE CARES" INC. OF ATLANTA	

Principal Place of Business	Mailing Address
233 MITCHELL ST SUITE 515 ATLANTA GA 30303	PO BOX 881 SMYRNA GA 30081

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1522 CUMBERLAND GLEN LN	P.O. Box 881
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
SMYRNA, GA	SMYRNA, GA 30081
Zip	Country
30080	COBB
Zip	Country
30081	COBB



1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
41-2025888	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BASS, RONNIE E 3952 ATLANTIC BLVD E-7 JACKSONVILLE FL 32207	Name: RONNIE E. BASS Street Address (P.O. Box Number is Not Acceptable): 3952 ATLANTIC BLVD E-7 City: JACKSONVILLE FL Zip Code: 32207

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: Ronnie E. Bass (NOTE: Registered Agent signature required when translating) DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C	TITLE	
NAME	MALEBRANCHE, DAVID	NAME	
STREET ADDRESS	PO BOX 881	STREET ADDRESS	
CITY - ST - ZIP	SMYRNA GA 30081	CITY - ST - ZIP	
TITLE	S	TITLE	
NAME	CLARK, JUDITH	NAME	
STREET ADDRESS	PO BOX 881	STREET ADDRESS	
CITY - ST - ZIP	SMYRNA GA 30081	CITY - ST - ZIP	
TITLE	T	TITLE	
NAME	LAWSON, MERVIN	NAME	
STREET ADDRESS	PO BOX 881	STREET ADDRESS	
CITY - ST - ZIP	SMYRNA GA 30081	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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.

SIGNATURE: Ronnie E. Bass RONNIE E. BASS 4/4/07 770-226-0075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR