2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000006311

1. Entity Name
GLOBAL UNITY CARE, INC.

Principal Place of Business	Mailing Address
7932 FORT KING ROAD ZEPHYRHILLS, FL 99541	26246 KALMIA AVE RANCHO BELAGO, CA 92555

DO NOT WRITE IN THIS SPACE

04262008 No Chg-P CR2E034 (11/05)

4. FEI Number
33-0958582
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VON DEAUXPLETTE, LORRAINE
7932 FORT KING ROAD
ZEPHYRHILLS, FL 99541

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000943113
05/29/08-80047-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	CHIN, PHILLIPPE
STREET ADDRESS	3445 WOODBERRY COURT
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	P
NAME	ADLER, MARK
STREET ADDRESS	1024 CHRISTIAN CIRCLE
CITY-ST-ZIP	CORONA, CA 92882
TITLE	S
NAME	VON DEAUXPLETTE, LORRAINE
STREET ADDRESS	26246 KALMIA AVE
CITY-ST-ZIP	RANCHO BELAGO, CA 92555
TITLE	T
NAME	PERRY, VIRETTA
STREET ADDRESS	27785 AUBURN LANE
CITY-ST-ZIP	MORENO VALLEY, CA 92555
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Lorraine Von Deauxplette 4/25/08 951-333-4983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #