# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 26, 2009**
**Secretary of State**

DOCUMENT# F07000006311

**Entity Name:** GLOBAL UNITY CARE, INC.

**Current Principal Place of Business:**

7932 FORT KING ROAD
ZEPHYRHILLS, FL 99541

**New Principal Place of Business:**

7932 FORT KING ROAD
ZEPHYRHILLS, FL 33541

**Current Mailing Address:**

26246 KALMIA AVE
RANCHO BELAGO, CA 92555

**New Mailing Address:**

**FEI Number: 33-0958582** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRICKLEMYER SMOLKER & BOLVES P.A.
500 E. KENNEDY BLVD.
SUITE 200
TAMPA, FL 33602 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: C ( ) Delete
Name: CHIN, PHILLIPPE
Address: 3445 WOODBERRY COURT
City-St-Zip: KISSIMMEE, FL 34746

Title: P ( ) Delete
Name: ADLER, MARK
Address: 1024 CHRISTIAN CIRCLE
City-St-Zip: CORONA, CA 92882

Title: S ( ) Delete
Name: VON DEAUXPLETTE, LORRAINE
Address: 26246 KALMIA AVE
City-St-Zip: RANCHO BELAGO, CA 92555

Title: T ( ) Delete
Name: PERRY, VIRETTA
Address: 27785 AUBURN LANE
City-St-Zip: MORENO VALLEY, CA 92555

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition
Name: VON DEAUXPLETTE, LORRAINE A
Address: 26246 KALMIA AVE
City-St-Zip: RANCHO BELAGO, CA 92555

Title: T (X) Change ( ) Addition
Name: PERRY, VIRETTA P
Address: 27785 AUBURN LANE
City-St-Zip: MORENO VALLEY, CA 92555

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LORRAINE A. VON DEAUXPLETTE SEC 03/26/2009

Electronic Signature of Signing Officer or Director — Date