2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -3 AM 11:19

DOCUMENT # F94000004662

1. Entity Name
CAREWELL INDUSTRIES, INC.

66014163

Principal Place of Business	Mailing Address
P.O. BOX 7016 DOVER, DE 19903-1516	P.O. BOX 7016 DOVER, DE 19903-1516

04242008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
50 N. DuPont Hwy	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dover DE	City & State
Zip: 19901 Country: USA	Zip Country

4. FEI Number: 11-2967533 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ILASND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ 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

100130292191
05/28/08--01001--016 **450.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAAS, ROBERT B 300 CRESCENT CT, SUITE 1700 DALLAS, TX 75201	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HATFIELD, DAVID P. 533 MARYVILLE UNIVERSITY DRIVE ST. LOUIS, MO 63141	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHEAT, DOUGLAS D 300 CRESCENT CT, SUITE 1700 DALLAS, TX 75201	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO KLEIN, WARD M. 533 MARYVILLE UNIVERSITY DRIVE ST. LOUIS, MO 63141	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO DEFEO, NEIL P 300 NYLA FARMS ROAD WESTPORT, CT 06880	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRATMANN, GAYLE G. 533 MARYVILLE UNIVERSITY DRIVE ST. LOUIS, MO 63141	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPCC MCCOLGAN, JOHN J 50 N DUPONT HIGHWAY DOVER, DE 19901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPCC MCCOLGAN, JOHN J. 533 MARYVILLE UNIVERSITY DRIVE ST. LOUIS, MO 63141	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KELLEY, KRIS 300 NYALA FARMS ROAD WESTPORT, CT 06880	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT FOX, WILLIAM C. 533 MARYVILLE UNIVERSITY DRIVE ST. LOUIS, MO. 63141	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: _____ VP Corporate Controller April 24, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/3 aw