

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006355

Entity Name: CARE CONNECTORS, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

1086 WALNUT WOODS PLACE
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 950688
LAKE MARY, FL 32795 US

New Mailing Address:

FEI Number: 35-1755678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BILLINGS, ROGER S
1086 WALNUT WOODS PLACE
LAKE MARY, FL 32746 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: P () Delete
Name: BILLINGS, ROGER
Address: 1086 WALNUT WOODS PLACE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BILLINGS, ROGER S
Address: 1086 WALNUT WOODS PLACE
City-St-Zip: LAKE MARY, FL 32746

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: ROGER S. BILLINGS

P

01/19/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date