


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F98000000948</b>	
1. Entity Name EDENCARE GP, INC.	

Principal Place of Business 11 STATE STREET CHARLESTON, SC 29401	Mailing Address 11 STATE STREET CHARLESTON, SC 29401
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<b>DO NOT WRITE IN THIS SPACE</b>
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05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2319598	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	U00000563056 05/19/06-80080-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPIEGEL, MARK T 10 ROSWELL ST. STE. 200 ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HETTINGA, CLARK D 10 ROSWELL STREET, STE 200 ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SPEIGEL, MARK T 10 ROSWELL ST. STE 200 ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROENTEMAN, SUSAN T 2001 ROSS AVENUE, STE 3200 DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAITH, ROBERT A 11 STATE STREET CHARLESTON, SC 29401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	5/1/06 <small>Date</small>	843-579-9400 <small>Daytime Phone #</small>
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