2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# H60673

Entity Name: CARE CONSULTANTS, INC.

Current Principal Place of Business:

12106 WEKIWA CIR
DUNNELION, FL 34432 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1853
DUNNELLON, FL 344301853 US

New Mailing Address:

FEI Number: 59-2549742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NASON, NORMA L
12106 WEKIWA CIR
DUNNELLON, FL 34432 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: DP ( ) Delete
Name: NASON, NORMA L
Address: 12106 WEKIWA CIRCLE
City-St-Zip: DUNNELLON, FL 34432

Title: V ( ) Delete
Name: NASON, LAUREL A
Address: 8625 S DESERT RAINBOW DRIVE
City-St-Zip: TUCSON, AZ 85747

Title: V ( ) Delete
Name: NASON, DARYL J
Address: 9250 NO. LENNOX TERR
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: V ( ) Delete
Name: NASON, ERIC A
Address: 5490 JEANETTE AVE
City-St-Zip: THEODORE, AL 36582

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NORMA L. NASON PRES 04/18/2005

Electronic Signature of Signing Officer or Director — Date