2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# H73186

Entity Name: CARE TECH. INDUSTRIES, INC.

Current Principal Place of Business:

10716 59TH AVE. N.
P.O. BOX 4142
SEMINOLE, FL 34642

New Principal Place of Business:

10716 59TH AVE. N.
SEMINOLE, FL 33772 US

Current Mailing Address:

10716 59TH AVE. N.
P.O. BOX 4142
SEMINOLE, FL 34642

New Mailing Address:

P.O. BOX 4142
SEMINOLE, FL 33775 US

FEI Number: 59-2594596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHANNON, JOHN O.
10716 59TH AVE.,N.
SEMINOLE, FL 33542 US

Name and Address of New Registered Agent:

SHANNON, JOHN O.
10716 59TH AVE.,N.
SEMINOLE, FL 33772 US

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: 04/28/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHANNON, JOHN O.,
Address: 10716 59TH AVE.,N.
City-St-Zip: SEMINOLE, FL

Title: ST ( ) Delete
Name: SHANNON, CONNIE,
Address: 10716 59TH AVE.,N.
City-St-Zip: SEMINOLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHANNON, JOHN O.,
Address: 10716 59TH AVE.,N.
City-St-Zip: SEMINOLE, FL 33772 US

Title: ST (X) Change ( ) Addition
Name: SHANNON, CONNIE,
Address: 10716 59TH AVE.,N.
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information supplied with this filing does not qualify for the 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: CONNIE SHANNON ST 04/28/2006
Electronic Signature of Signing Officer or Director — Date