

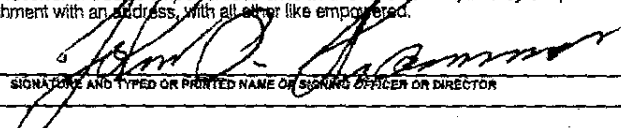


**2006 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00**  
**Secretary of State**

<b>DOCUMENT # H73186</b> 1. Entity Name CARE TECH. INDUSTRIES, INC.			
Principal Place of Business 10716 59TH AVE. N. P.O. BOX 4142 SEMINOLE, FL 34642		Mailing Address 10716 59TH AVE. N. P.O. BOX 4142 SEMINOLE, FL 34642	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04282006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2594596	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SHANNON, JOHN O. 10716 59TH AVE.,N. SEMINOLE, FL 33542		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000546764 05/11/06-80130-002 150.00
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHANNON, JOHN O. 10716 59TH AVE.,N. SEMINOLE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHANNON, CONNIE 10716 59TH AVE.,N. SEMINOLE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<b>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>			
<b>SIGNATURE:</b> 		4/28/06 727-393-3327 <small>Date Daytime Phone #</small>	