

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H73186

Entity Name: CARE TECH. INDUSTRIES, INC.

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**  
P.O. BOX 4142  
SEMINOLE, FL 33775 US

**New Mailing Address:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: JOHN O. SHANNON

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date