2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# J52960

Entity Name: PRO-CARE PLUS, INC.

Current Principal Place of Business:

10870 NW 198 SC
MICANOPY, FL 32667

New Principal Place of Business:

Current Mailing Address:

10870 NW 198 TH STREET
MICANOPY, FL 32667 US

New Mailing Address:

FEI Number: 59-2767249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PENDRAY, ALFRED H
13851 NE 20TH SE
WILLISTON, FL 32696 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: D ( ) Delete
Name: PENDRAY, ALFRED
Address: 13851 NE 20TH ST
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete
Name: PENDRAY, EDWARD E.
Address: 13851 NE 20TH ST
City-St-Zip: WILLISTON, FL 32696

Title: P ( ) Delete
Name: CASH, AUSTIN C.
Address: 10870 NW 198 ST
City-St-Zip: MICANOPY, FL 32667

Title: S ( ) Delete
Name: CASH, NANCY I.
Address: 10870 NW 198 ST
City-St-Zip: MICANOPY, FL 32667

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: S ( ) Change (X) Addition
Name: NANCY CASH
Address: 10870 NW 198 STREET
City-St-Zip: MICANOPY, FL 32667 US

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: NANCY CASH S 04/29/2009

Electronic Signature of Signing Officer or Director — Date