


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 17, 2004 08:00 AM
Secretary of State**

DOCUMENT # K12738 1. Entity Name THE CARE BRIDGE CORPORATION	
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Principal Place of Business 6481 SPARTINA CIRCLE JUPITER, FL 33458	Mailing Address 6481 SPARTINA CIRCLE JUPITER, FL 33458
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DO NOT WRITE IN THIS SPACE



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0027474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPARKS, CHARLES T 6481 SPARTINA CIRCLE JUPITER, FL 33458
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000054982 02/17/04-80018-012 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SPARKS, CHARLES T 6481 SPARTINA CIRCLE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSV SPARKS, CAROLYN C 6481 SPARTINA CIRCLE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SPARKS, DANIELLE 6481 SPARTINA CIRCLE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCLAURIN, MARINA 3461 ROBINSON STREET PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPARKS, RYAN 6481 SPARTINA CR JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANGIAPANE, MARY ANN 71 TAONTON RD MEDFORD, NJ 08055

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: Charles T. Sparks President **2/12/04 861-748-4092**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #