

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001155

FILED
Apr 05, 2005
Secretary of State

Entity Name: TGNU PRECISION CARE, INC.

Current Principal Place of Business:

915 N.E. 125 STREET
SUITE 202
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 641054
MIAMI, FL 33164

New Mailing Address:

FEI Number: 01-0599988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THE GREAT NEST INTERNATIONAL
915 N.E. 125 ST
SUITE 103
MIAMI, FL 33161 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CALIXTE, DANIEL
Address: 915 NE 125TH STREET SUITE 202
City-St-Zip: MIAMI, FL 33179

Title: V () Delete
Name: TOUSSAINT, MARIE C
Address: 675 IVESDAIRY RD APT 203
City-St-Zip: MIAMI, FL 33179

Title: SECR (X) Delete
Name: LABOSSIERE, JOCELYNE
Address: 915 N.E. 125TH STREET SUITE 202
City-St-Zip: MIAMI, FL 33161 US

Title: T (X) Delete
Name: DORCELY, ESTOMENE
Address: 915 NE. 125TH STREET STE 202
City-St-Zip: MIAMI, FL 33161 US

Title: D (X) Delete
Name: AMBOISE, SONY F
Address: 915 N.E. 125TH STREET SUITE 202
City-St-Zip: MIAMI, FL 33161 US

Title: D (X) Delete
Name: JOSEPH, MARC Y
Address: 915 N.E. 125TH STREET SUITE 202
City-St-Zip: MIAMI, FL 33161 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CALIXTE, DANIEL
Address: 915 NE 125TH STREET SUITE 202
City-St-Zip: MIAMI, FL 33161

Title: V (X) Change () Addition
Name: TOUSSAINT, MARIE C
Address: 915 NE 125TH STREET SUITE 202
City-St-Zip: MIAMI, FL 33161

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL CALIXTE

PRES

04/05/2005

Electronic Signature of Signing Officer or Director

Date