2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009695

FILED
Apr 07, 2005
Secretary of State

Entity Name: KIDSWECARE, INC.

Current Principal Place of Business:

15001 ARBOR LAKE DRIVE E #203
FT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

15001 ARBOR LAKE DRIVE E #203
FT MYERS, FL 33917

New Mailing Address:

FEI Number: 65-1196842   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

SIMPSON, LINDA
15001 ARBOR LAKE DRIVE E #203
FT MYERS, FL 33917   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: D   ( ) Delete
Name: CALVERT, BOBBY L
Address: 4461 RIVER GROVE LN
City-St-Zip: FT MYERS, FL 33905

Title: D   ( ) Delete
Name: SIMPSON, LINDA
Address: 15001 ARBOR LAKE DRIVE E #203
City-St-Zip: FT MYERS, FL 33917

Title: D   ( ) Delete
Name: O'CALLAGHAN, BRIAN
Address: 1098 ANTIOCH GREENBRIAR ROAD
City-St-Zip: ALVATON, KY 42122

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:

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: LINDA SIMPSON   D   04/07/2005

| Electronic Signature of Signing Officer or Director | Date |