

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 31, 2006
Secretary of State

DOCUMENT# N04000002109

Entity Name: A CARING PREGNANCY CENTER INC.**Current Principal Place of Business:**12944 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 611074
NORTH MIAMI, FL 33261**New Mailing Address:****FEI Number:** 30-0235503**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SASTRE, CESAR A
1086 N.E. 96 ST.
MIAMI SHORES, FL 33138 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: SASTRE, CESAR MR.
Address: 1086 N.E. 96 STREET
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: VP () Delete
Name: WATKINS, HARRY MR.
Address: 18401 NE 21 PLACE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: S/T () Delete
Name: LASSETER, MELISSA MRS.
Address: 13925 NE 1 AVENUE
City-St-Zip: MIAMI, FL 33161 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: SASTRE, CESAR MR.
Address: 1086 N.E. 96 STREET
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: VP/D (X) Change () Addition
Name: WATKINS, HARRY MR.
Address: 18401 NE 21 PLACE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: ST/D (X) Change () Addition
Name: LASSETER, MELISSA MRS.
Address: 13925 NE 1 AVENUE
City-St-Zip: MIAMI, FL 33161 US

Title: D () Change (X) Addition
Name: REESE, SIDNEY
Address: 960 NE 97 ST
City-St-Zip: MIAMI SHORES, FL 33138

Title: D () Change (X) Addition
Name: MORENO, ANA MARIA
Address: 17175 NE 19 AVE # 3
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

SIGNATURE: HARRY WATKINS

VP/D

05/31/2006

Electronic Signature of Signing Officer or Director

Date