

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 04, 2006
Secretary of State**

DOCUMENT# N04000004254

Entity Name: ALLIED CARE FOUNDATION, INC.

Current Principal Place of Business:

8708 SAN PABLO AVENUE
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

8708 SAN PABLO AVENUE
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: 16-1698941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KHARITON, LARISSA
8708 SAN PABLO AVENUE
NORTH PORT, FL 34287 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: KHARITON, LARISSA
Address: 8708 SAN PABLO AVENUE
City-St-Zip: NORTH PORT, FL 34287 US

Title: VP () Delete
Name: CLARK, JON
Address: 1161 ORCHARD HEIGHTS DRIVE
City-St-Zip: MAYFIELD HEIGHTS, OH 44124 US

Title: VP () Delete
Name: KHARITON, TATIANA
Address: 5323 HIDDEN DOVE LANE, #302
City-St-Zip: RALEIGH, NC 27606 US

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 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: LARISA KHARITON

P

05/04/2006

Electronic Signature of Signing Officer or Director

_____ Date