2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 15, 2006 8:00 am Secretary of State DOCUMENT # N04000005755 04-17-2006 90344 011 ****61 25 1. Entity Name CARE-ED, INC. Mailing Address Principal Place of Business Penroza 1750 BEN FRANKLIN DR. 10-B SARASOTA FL 34235 1750 BEN FRANKLIN DR. 10-B SARASOTA FL 34235 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Aol, W. etc. CR2E037 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 55-0874325 Not Applicable Zφ Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, DENA G Street Address (P.O. Box Number is Not Acceptable) 1750 BEN FRANKLIN DR. 10-B SARASOTA FL 34235 City 7io Code 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature typed or provided rearning of registered agent and see if approxime DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS'\$81.25 Due By May 1, 2006 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition Octob ☐ Change ME TITLE GLINSKI, STEVE P NAME 3549 WILKINSON WOODS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZP SARASOTA FL 34236 CITY-ST-ZIP ☐ Detete ☐ Channe ☐ Addation MAE TITLE CLIMPSON, RICHARD NAME NAME 7872 EAGLE CREEK DR. STREET ADDRESS STREET ADORESS CITY-ST-7P SARASOTA FL 34243 CELY-ST-ZIP me ☐ Detere TITLE Change Addition NUKE NAME STREET ADDRESS STREET ADDRESS CITY-51-729 CITY-ST-7IP TITLE ☐ Octore MILE ☐ Change Addition HALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-78 TITLE ☐ Detete DTLE Change ☐ Addition NAME HALE STREET ADDRESS STREET ADDRESS COY-SI-7P CITY-ST-ZIP ☐ Change ☐ Addition MILE ☐ Delete MILE NAME NAME STREET ADORESS STREET ADDRESS

12. I hereby certify that the information supplied with this Iring does not qualify for the exemptions contained in Section 119, 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 617, 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.

CITY-ST-ZP

SIGNATURE:

CITY-ST-ZIP

PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

FILED



IRS DEPARTMENT OF THE TREASURY :
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 11742-9003

002476.145764.9010.001 1 MB 0.309 705

Date of this notice: 07-20-2004

Employer Identification Number:

55-0874325 Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.



102476

CARE-ED INC PO BOX 20576 TALLAHASSEE FL 32316

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 55-0874325. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply .

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.