2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005
Secretary of State

DOCUMENT# N04000006976

Entity Name: CARE SOCIETY INC.

Current Principal Place of Business:

8743 MORRISON OAKS COURT
TEMPLE TERRACE, FL 33637

New Principal Place of Business:

Current Mailing Address:

8743 MORRISON OAKS COURT
TEMPLE TERRACE, FL 33637

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

EAGLE, AMANDA
8743 MORRISON OAKS COURT
TEMPLE TERRACE, FL 33637 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: PD ( ) Delete
Name: MSON, MARIE
Address: 8743 MORRISON OAKS COURT
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: VD ( ) Delete
Name: EAGLE, AMANDA
Address: 8743 MORRISON OAKS COURT
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: SD ( ) Delete
Name: NELSON, TREVOR
Address: 2727 W FLETCHER AVE #53-I
City-St-Zip: TAMPA, FL 33618

Title: TD ( ) Delete
Name: CORBETT, AMY
Address: 5102 JOE KING ROAD
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MASON, MARIE
Address: 8743 MORRISON OAKS COURT
City-St-Zip: TEMPLE TERRACE, FL 33637

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: MARIE MASON PD 09/01/2005
Electronic Signature of Signing Officer or Director — Date