2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# N05000006379

Entity Name: COMPASSIONATE CARE MINISTRIES, INC.

Current Principal Place of Business:

9523 BOCA RIVER CIRCLE
BOCA RATON, FL 33434

New Principal Place of Business:

255 BELLBROOK STREET SE
PALM BAY, FL 32909

Current Mailing Address:

9523 BOCA RIVER CIRCLE
BOCA RATON, FL 33434

New Mailing Address:

255 BELLBROOK STREET SE
PALM BAY, FL 32909

FEI Number: 51-0546645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

TREMENTOZZI, ANN
9523 BOCA RIVER CIRCLE
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

TREMENTOZZI, JOSEPH
255 BELLBROOK STREET SE
PALM BAY, FL 32909 US

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: JOSEPH TREMENTOZZI 07/10/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TREMENTOZZI, ANN
Address: 9523 BOCA RIVER CIRCLE
City-St-Zip: BOCA RATON, FL 33434

Title: V ( ) Delete
Name: TREMENTOZZI, JOSEPH
Address: 9523 BOCA RIVER CIRCLE
City-St-Zip: BOCA RATON, FL 33434

Title: T ( ) Delete
Name: MEDLEY, MICHAEL
Address: 293 WYCHMERE TERR
City-St-Zip: WELLINGTON, FL 33414

Title: S ( ) Delete
Name: MEDLEY, DIANE
Address: 293 WYCHMORE TERR
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TREMENTOZZI, ANN
Address: 255 BELLBROOK STREET SE
City-St-Zip: PALM BAY, FL 32909

Title: V (X) Change ( ) Addition
Name: TREMENTOZZI, JOSEPH
Address: 255 BELLBROOK STREET SE
City-St-Zip: PALM BAY, FL 32909

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: JOSEPH TREMENTOZZI V 07/10/2006
Electronic Signature of Signing Officer or Director — Date