2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N05000008602

Entity Name: CARE MEDIA SUPPORT, INC.

Current Principal Place of Business:

4341 WOODTREE LANE
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

4341 WOODTREE LANE
ORLANDO, FL 32835

New Mailing Address:

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

Name and Address of Current Registered Agent:

VEGA, JOEL
4341 WOODTREE LANE
ORLANDO, FL 32835 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: RIVERA, CARLOS A
Address: 4341 WOODTREE LANE
City-St-Zip: ORLANDO, FL 32835

Title: VD ( ) Delete
Name: VEGA, JOEL
Address: 14942 MASTERHEAD LANDING CR
City-St-Zip: ORLANDO, FL 32787

Title: SD ( ) Delete
Name: GONZALEZ, JACKELINE
Address: 14942 MASTERHEAD LANDING CT
City-St-Zip: ORLANDO, FL 32787

Title: TD ( ) Delete
Name: PEREZ, MARILUZ Q
Address: 4341 WOODTREE LANE
City-St-Zip: ORLANDO, FL 32835

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS A RIVERA PD 04/30/2007

Electronic Signature of Signing Officer or Director — Date