2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# N06000001149

Entity Name: PROJECT CARE INTERNATIONAL FOUNDATION, INC.

Current Principal Place of Business:

1200 COUNTRY CLUB DRIVE, UNIT 2404
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

1200 COUNTRY CLUB DRIVE, UNIT 2404
LARGO, FL 33771

New Mailing Address:

FEI Number: 44-7080595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OKEREKE, LEWE
1200 COUNTRY CLUB DRIVE, UNIT 2404
LARGO, FL 33771 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: D ( ) Delete
Name: UKEKWE, IKEVUDE
Address: 1200 COUNTRY CLUB DRIVE, UNIT 2404
City-St-Zip: LARGO, FL 33771

Title: D ( ) Delete
Name: OKEREKE, NGOZI
Address: 1200 COUNTRY CLUB DRIVE, UNIT 2404
City-St-Zip: LARGO, FL 33771

Title: D ( ) Delete
Name: AHONKHAI, VINCENT DR.
Address: 1200 COUNTRY CLUB DRIVE, UNIT 2404
City-St-Zip: LARGO, FL 33771

Title: D ( ) Delete
Name: OKEREKE, IKENNA C DR.
Address: 1200 COUNTRY CLUB DRIVE, UNIT 2404
City-St-Zip: LARGO, FL 33771

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: LEWE OKEREKE DR 01/29/2008

Electronic Signature of Signing Officer or Director — Date