

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Mar 02, 2010**  
**Secretary of State**

DOCUMENT# N06000011948

**Entity Name:** SHARE & CARE FOUNDATION INC**Current Principal Place of Business:**301 S NEW YORK AVE  
200  
WINTER PARK, FL 32789**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 3301  
WINTER PARK, FL 32790 US**New Mailing Address:****FEI Number:** 33-1148464**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**VANGAL, SRINIVAS  
11009 LAXTON ST  
ORLANDO, FL 32824 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:** P  
**Name:** VANGAL, SRINIVAS  
**Address:** P. O BOX 232  
**City-St-Zip:** MIMS, FL 32754**Title:** VP  
**Name:** PADMANABHAN, ANANDHI  
**Address:** P.O. BOX 232  
**City-St-Zip:** MIMS, FL 32754**Title:** D  
**Name:** STEVENS, KORI  
**Address:** 2352 HUNTERFIELD RD  
**City-St-Zip:** MAITLAND, FL 32751**Title:** D  
**Name:** BAILEY, DIANA M  
**Address:** 16409 CYPRESS WATER WAY #401  
**City-St-Zip:** TAMPA, FL 33624

I hereby 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 all other like empowered.

SIGNATURE: ANANDHI PADMANABHAN

VP

03/02/2010

Electronic Signature of Signing Officer or Director

Date