2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009425

Entity Name: JCP CARES, INC.

FILED Mar 30, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

450-106 STATE ROAD 13 N #165 ST JOHNS, FL 32259

Current Mailing Address: New Mailing Address:

450-106 STATE ROAD 13 N #165 ST JOHNS, FL 32259

FEI Number: 26-1163696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRAVO, KATHERINE A 450-106 STATE ROAD 13 N #165 ST JOHNS, FL 32259 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: BRAVO, KATHERINE A

Address: 450-106 STATE ROAD 13 N #165

City-St-Zip: ST JOHNS, FL 32259

Title: \

Name: BRUNER, LEE

Address: 450-106 STATE ROAD 13 N #165

City-St-Zip: ST JOHNS, FL 32259

Title: ∨

Name: TUFANO, KATHY

Address: 450-106 STATE ROAD 13 N #165

City-St-Zip: ST JOHNS, FL 32259

Title:

Name: URBANEK, LISA

Address: 450-106 STATE ROAD 13 N #165

City-St-Zip: ST JOHNS, FL 32259

Title:

Name: GAVALETZ, PATRICIA A Address: 450-106 STATE ROAD 13 N #165

City-St-Zip: ST JOHNS, FL 32259

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: PATRICIA A. GAVALETZ T 03/30/2010