2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2010
Secretary of State

DOCUMENT# N09000007387

Entity Name: OLDSMAR CARES, INC.

Current Principal Place of Business:

412 SHORE DRIVE E
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

412 SHORE DRIVE E
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 27-0569833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

WALLACE, DAVID L
412 SHORE DRIVE E
OLDSMAR, FL 34677 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
Name: MCKNIGHT, MICHAEL
Address: 881 EDGEHILL DRIVE
City-St-Zip: PALM HARBOR, FL 34684

Title: D
Name: WALLACE, DAVID L
Address: 412 SHORE DRIVE E
City-St-Zip: OLDSMAR, FL 34677

Title: D
Name: O'LEARY, CINDY
Address: 359 WELLINGTON AVENUE
City-St-Zip: OLDSMAR, FL 34677

Title: D
Name: NORTON, STEVEN
Address: 400 WELLINGTON AVENUE
City-St-Zip: OLDSMAR, FL 34677

Title: D
Name: VALE, SUZANNE D
Address: 728 SHORE DRIVE E
City-St-Zip: OLDSMAR, FL 34677

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: MICHAEL J MCKNIGHT D 05/16/2010
Electronic Signature of Signing Officer or Director Date