

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005002

FILED
Apr 29, 2011
Secretary of State

Entity Name: CAREBIBLES INC.

Current Principal Place of Business:

10504 SOUTH FEDERAL HWY
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

10504 SOUTH FEDERAL HWY
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

LEACH, ANDREW R
10504 SOUTH FEDERAL HWY
PORT SAINT LUCIE, FL 34952 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: LEACH, ANDREW R
Address: 10504 SOUTH FEDERAL HWY
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: VP
Name: LEACH, ALLISON C
Address: 10504 SOUTH FEDERAL HWY
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: VP
Name: WINTERS, WILLIAM F
Address: 10504 SOUTH FEDERAL HWY
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: VP
Name: LEACH, CHRISTIAN R
Address: 10504 SOUTH FEDERAL HWY
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

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: ANDREW LEACH

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date