2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44476

FILED Apr 19, 2007 Secretary of State

Entity Name: CARING & SHARING CENTER FOR INDEPENDENT LIVING, INC.

Current Principal Place of Business: New Principal Place of Business: 12552 BELCHER RD SOUTH LARGO, FL 337733014 **Current Mailing Address: New Mailing Address:** 12552 BELCHER RD SOUTH LARGO, FL 337733014 FEI Number: 59-3102837 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: COOK, MICHAEL 12552 BELCHER ROAD SOUTH LARGO, FL 33773 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KATRAMADOS, VIRGINIA Name: Name: 514 BOCA CIEGA PT. BLVD. Address: Address: City-St-Zip: MADEIRA BEACH, FL 33708 City-St-Zip: Title: () Delete Title: (X) Change () Addition MCKENNA, DAN Name: BELL, PATRICIA Name: Address: 1167 TURNER STREET, APT, 304 Address: 9823 83RD WAY N. City-St-Zip: CLEARWATER, FL 33771 City-St-Zip: LARGO, FL 33777 Title: () Delete Title: () Change () Addition HUMBURG, JACK Name: Name: 838 13TH AVENUE NORTH Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: (X) Change () Addition Title: Title: () Delete VELTRI, MARIÉ Name: Name: VELTRI, MARIE 1167 TURNER ST. Address: Address: 1167 TURNER ST., APT. 102 City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33756 Title: () Delete Title: () Change () Addition ORANDASH, PAULA Name: Name: 945 KOGER BLVD., SUITE 107 Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: Title: () Delete Title: (X) Change () Addition BUCCA, MARY BUCCA, MARY Name: Name: Address: 810 LAKE PALMS DR. Address: 3805 52ND STREET N. LARGO, FL 33771 SAINT PETERSBURG, FL 33709 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL COOK ED 04/19/2007