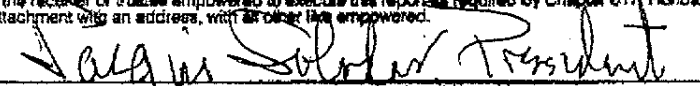


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N44921 1. Entity Name TOGETHER WE CARE, INC.				Secretary of State	
Principal Place of Business P.O. BOX 32252 PALM BEACH GARDENS, FL 33420		Mailing Address P.O. BOX 32252 PALM BEACH GARDENS, FL 33420			
DO NOT WRITE IN THIS SPACE					
				04242005 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 65-0284820		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARMOUR, ALAN I. II 1845 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401		DO NOT WRITE IN THIS SPACE			
7. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		8. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		U000000538259 05/09/06-80050-017 61.25 DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SOLODAR, JACQUI 3079 MIRO DR S PALM BEACH GARDENS, FL 33410				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT GERSON, LARRY 8895 N MILITARY TRAIL 203D PALM BEACH GARDENS, FL				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BERNARD, LOOMIS 13851 LEHARME DR PALM BEACH GARDENS, FL 33410				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BERKE, SONIA 153 WINFORD DR PALM BEACH GARDENS, FL 33410				
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with or other line empowered.					
SIGNATURE: 		4/26/06			
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date Daytime Phone #			