


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90077 047 ****61.25

DOCUMENT # N49605	
1. Entity Name WE CARE OF COVERED BRIDGE, INC.	

Principal Place of Business 7290 COVERED BRIDGE BLVD. LAKE WORTH FL 33467	Mailing Address 7290 COVERED BRIDGE BLVD. LAKE WORTH FL 33467
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 65-0351062	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COHEN, THELMA 7290 COVERED BRIDGE BLVD. LAKE WORTH FL 33467	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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 <i>Thelma Cohen</i>	DATE <i>1-19-07</i>
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)	

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COHEN, THELMA - PRESIDENT <input type="checkbox"/> Delete 508 B HOLYOKE LN. LAKE WORTH FL 33467	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAM SIEGEL <input type="checkbox"/> Change <input type="checkbox"/> Addition 273 Cape Cod Circle Lake Worth, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSENTHAL, IDA <input type="checkbox"/> Delete 593 LACONIA CIRCLE LAKE WORTH FL 33467	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAE GUTKIN <input type="checkbox"/> Change <input type="checkbox"/> Addition 7388 Nantucket Circle Lake Worth, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GROSSBERG, ANNE <input checked="" type="checkbox"/> Delete 167 AMHERST LANE LAKE WORTH FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOAN GERONIMO <input type="checkbox"/> Change <input type="checkbox"/> Addition 395 Bennington Ln. Lake Worth, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEINSTECK, HARRIS <input checked="" type="checkbox"/> Delete 786 NANTUCKET CIR LAKE WORTH FL 33467	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TREASURER COHEN, HERBERT E <input type="checkbox"/> Delete 508 B HOLYOKE LN. LAKE WORTH FL 33467	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.	
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SIGNATURE: <i>Herbert E. Cohen</i>	DATE: <i>1-19-07</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	