

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # N97000006427

1. Entity Name
CARING FOR CHINA, INC.



Principal Place of Business
**3300 S. FAIRVIEW ROAD
SANTA ANA, CA 92704**

Mailing Address
**3300 S. FAIRVIEW ROAD
SANTA ANA, CA 92704**



04082006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3480043

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303**

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME THOMAS, CYRIL
STREET ADDRESS 11 LORDSWOOD CT., COXFORD RD.
CITY - ST - ZIP SOUTHAMPTON S016 5PD ENGLAND,

TITLE ST
NAME DIETZ, JENNIFER
STREET ADDRESS 11742 BESWICK PLACE
CITY - ST - ZIP TUSTIN, CA 92782

TITLE PD
NAME DIETZ, JON
STREET ADDRESS 11742 BESWICK PL
CITY - ST - ZIP TUSTIN, CA 92782

TITLE D
NAME THOMAS, GABRIELLE
STREET ADDRESS 11 LORDSWOOD CT., COXFORD DRIVE
CITY - ST - ZIP SOUTHAMPTON ENGLAND 5016 5PD,

TITLE D
NAME ADAMS, LON
STREET ADDRESS 17 SILVER FERN
CITY - ST - ZIP IRVINE, CA 92612

TITLE D
NAME ADAMS, SHARY
STREET ADDRESS 17 SILVER FERN
CITY - ST - ZIP IRVINE, CA 92612

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04/29/06-80143-006 61.25

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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 all other like empowered.

SIGNATURE: Jennifer PW Dietz **Jennifer PW Dietz Treasurer 4/8/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
714-436-3314