2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# N98000000032

Entity Name: JL CARES, INC.

Current Principal Place of Business:

16823 CAPTAIN KIRLE DRIVE
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

16823 CAPTAIN KIRLE DRIVE
JUPITER, FL 33477

New Mailing Address:

FEI Number: 65-0808362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PRAY, DON
16823 CAPTAIN KIRLE DRIVE
JUPITER, FL 33477 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:	TR	( ) Delete
Name:	PRAY, DON	
Address:	257 BARBADOS DRIVE	
City-St-Zip:	JUPITER, FL 33458	
Title:	CT	( ) Delete
Name:	O'DAY, ARTHUR	
Address:	17072 TRAVERSE CIRCLE	
City-St-Zip:	JUPITER, FL 33477	
Title:	ST	( ) Delete
Name:	DEMARCO, ELLEN	
Address:	15845 WINDRIFT DRIVE	
City-St-Zip:	JUPITER, FL 33477 US	
Title:	VT	( ) Delete
Name:	WHALEN, FLORENCE	
Address:	3791 SHEARWATER DRIVE	
City-St-Zip:	JUPITER, FL 33477 US	
Title:	T	( ) Delete
Name:	O'DONNELL, MAURA	
Address:	16618 HIDDEN COVE DRIVE	
City-St-Zip:	JUPITER, FL 33477	
Title:	T	( ) Delete
Name:	PATENAUDE, MONIQUE	
Address:	15585 WESTERLY TERRACE	
City-St-Zip:	JUPITER, FL 33477	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: DON PRAY TR 01/18/2008
Electronic Signature of Signing Officer or Director — Date