2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# N99000004301

Entity Name: CARE 4 AMERICA INC.

Current Principal Place of Business:

20494 NW 27 ST
MORRISTON, FL 32668

New Principal Place of Business:

Current Mailing Address:

PO BOX 3373
DUNNELLON, FL 34430

New Mailing Address:

FEI Number: 65-0955434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARROLL, JUANA
20494 NW 27 ST
MORRISTON, FL 32668 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: PD ( ) Delete
Name: CARROLL, JUANA
Address: 20494 NW 27 ST
City-St-Zip: MORRISTON, FL 32668

Title: VPD ( ) Delete
Name: CARROLL, TOM
Address: 20494 NW 27 ST
City-St-Zip: MORRISTON, FL 32668

Title: D ( ) Delete
Name: DIMURO, LAURA
Address: RT # 3 BOX 326-A
City-St-Zip: LAKE BUTLER, FL 32054

Title: D ( ) Delete
Name: DIMURO, EMANUEL
Address: RT # 3 BOX 326-A
City-St-Zip: LAKE BUTLER, FL 32054

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: PRES ( ) Change (X) Addition
Name: CARE 4 AMERICA INC,
Address: 20494 NW 27 ST
City-St-Zip: MORRISTON, FL 32668

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: JUANA M CARROLL PRES 04/22/2008

Electronic Signature of Signing Officer or Director — Date