2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000088504

Entity Name: PAT-BRAN SENIOR CARE, INC.

FILED May 02, 2005 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|-------------------------------|--------------------------------------|---|--|--|
| 5030 NW 7 COCONU | 74TH AVE T CREEK, FL | 33073 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 5030 NW 7 | 74TH AVE T CREEK, FL | 33073 | | | |
| FEI Number: | : 65-1039543 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | | |
| MORRIS, I 5030 NW 4 COCONU | | 33073 US | | | |
| | named entity e of Florida. | submits this statement for the | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electro | nic Signature of Registered Ag | gent | Date | |
| | | 3(2)(b), F.S., the corporation did r | not receive the prior notice. | | |
| | S AND DIREC | - , , | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | MORRIS, PATI 5030 NW 44TH | | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRECIA MORRIS A 05/02/2005