

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000088955

Entity Name: CARE ON WHEELS, INC.

FILED
Aug 24, 2005
Secretary of State**Current Principal Place of Business:**3530 1 AVE N
STE 221
SAINT PETERSBURG, FL 33713**Current Mailing Address:**3530 1 AVE N
STE 221
SAINT PETERSBURG, FL 33713**New Principal Place of Business:**3530 1ST. AVE. N.
STE 221
SAINT PETERSBURG, FL 33713**New Mailing Address:**3530 1ST. AVE. N.
STE 221
SAINT PETERSBURG, FL 33713

FEI Number: 59-3676004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:JONES, TONY T
1827 46TH AVE. N.
ST. PETERSBURG, FL 33714 US**Name and Address of New Registered Agent:**KURPIERS, RONALD J II
696 1ST AVE. N.
SUITE 304
ST. PETERSBURG, FL 33701 US

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: RONALD J. KURPIERS, II

08/24/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: JONES, TONY T
Address: 3530 1ST AVE NORTH STE 221
City-St-Zip: SAINT PETERSBURG, FL 33713**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change () Addition
Name: JONES, MCKENZIE
Address: 3530 1ST AVE NORTH STE 221
City-St-Zip: SAINT PETERSBURG, FL 33713

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: MCKENZIE JONES

D

08/24/2005

Electronic Signature of Signing Officer or Director

Date