

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005394

FILED
Jan 22, 2008
Secretary of State

Entity Name: UNLIMITED CARE RESOURCES, INC.

Current Principal Place of Business:

540 NW 165 STREET ROAD
SUITE 312
NORTH MIAMI, FL 33169

New Principal Place of Business:

19001 NW 23RD AVENUE
OPA LOCKA, FL 33056

Current Mailing Address:

540 NW 165 STREET ROAD
SUITE 312
NORTH MIAMI, FL 33169

New Mailing Address:

19001 NW 23RD AVENUE
OPA LOCKA, FL 33056

FEI Number: 65-1067047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELITE ACCOUNTING SERVICE
20040 NW 29TH COURT
MIAMI GARDENS, FL 33055 US

Name and Address of New Registered Agent:

REESE, SONYA
19001 NW 23RD AVENUE
OPA LOCKA, FL 33056 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: SONYA REESE

01/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVPS () Delete
Name: REESE, S
Address: 540 NW 165 STREET ROAD, SUITE 312
City-St-Zip: MIAMI GARDENS, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: REESE, SONYA
Address: 19001 NW 23RD AVENUE
City-St-Zip: OPA LOCKA, FL 33056

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONYA REESE

PSTD

01/22/2008

Electronic Signature of Signing Officer or Director

Date