

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047371

FILED  
Apr 15, 2005  
Secretary of State

Entity Name: ALL ABOUT YOU CAREGIVERS, INC.

## Current Principal Place of Business:

605 W.SOUTH PARK STREET  
#205  
OKEECHOBEE, FL 34972

## Current Mailing Address:

605 W.SOUTH PARK STREET  
#205  
OKEECHOBEE, FL 34972

## New Principal Place of Business:

412 NW 3RD ST.  
412  
OKEECHOBEE, FL 34972

## New Mailing Address:

412 NW 3RD ST.  
412  
OKEECHOBEE, FL 34972

FEI Number: 65-1108140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLT, PENNY  
605 W. SOUTH PARK STREET  
#205  
OKEECHOBEE, FL 34972 US

## Name and Address of New Registered Agent:

COLT, PENNY  
412 NW 3RD ST.  
412  
OKEECHOBEE, FL 34972 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:

04/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: COLT, PENNY M  
Address: 605 W. SOUTH PARK ST. #205  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D ( ) Delete  
Name: COLT, PENNY M  
Address: 605 W. SOUTH PARK ST. #205  
City-St-Zip: OKEECHOBEE, FL 34972

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: COLT, PENNY M  
Address: 412 NW 3RD ST.  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D (X) Change ( ) Addition  
Name: COLT, PENNY M  
Address: 412 NW 3RD ST.  
City-St-Zip: OKEECHOBEE, FL 34972

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: PENNY M. COLT

PRES

04/15/2005

Electronic Signature of Signing Officer or Director

Date