

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90054 019 ***150.00

DOCUMENT # P01000095386 1. Entity Name CHRIST CARING FOR US, INC.					
Principal Place of Business 371 SHORES DR VERO BEACH, FL 32963			Mailing Address 371 SHORES DR VERO BEACH, FL 32963		
2. Principal Place of Business 1071 Indian Mound Trail Suite, Apt. #, etc.		3. Mailing Address 1071 Indian Mound Trail Suite, Apt. #, etc.			
City & State Vero Beach, FL		City & State Vero Beach, FL		4. FEI Number 59-3747254	
Zip 32963		Country Indian River		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEXTON, MARYGRACE M 371 SHORES DR INDIAN RIVER SHORES, FL 32960 (address changes only)			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1071 Indian Mound Trail City Vero Beach FL Zip Code 32963		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Robert G. Sexton</i></u> February 25, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input type="checkbox"/> Delete SEXTON, ROBERT G 371 SHORES DR INDIAN RIVER SHORES, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1071 Indian Mound Trail Vero Beach, FL 32963	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Robert G. Sexton</i></u> Robert G. Sexton 2/25/04 772-234-8043 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>					