2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P01000095632

Entity Name: CEB CARE CORPORATION

Current Principal Place of Business:

7369 SHERIDAN ST
#302
HOLLYWOOD, FL 33024

New Principal Place of Business:

9060 KIMBERLY BLVD
32
BOCA RATON, FL 33434

Current Mailing Address:

20410 SW 53RD PLACE
PEMBROKE PINES, FL 33332

New Mailing Address:

175 BRADLEY PLACE
PALM BEACH, FL 33480

FEI Number: 65-1147070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ, CARLOS
20410 SW 53RD PLACE
PEMBROKE PINES, FL 33332 US

Name and Address of New Registered Agent:

HANLON, TIMOTHY
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480 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: TIMOTHY HANLON 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HERNANDEZ, CARLOS
Address: 20410 SW 53RD PLACE
City-St-Zip: PEMBROKE PINES, FL 33332

Title: VP (X) Delete
Name: BERMUDEZ, BLANCA
Address: 20410 SW 53RD PLACE
City-St-Zip: PEMBROKE PINES, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GOSMAN, ABRAHAM D
Address: 175 BRADLEY PLACE
City-St-Zip: PALM BEACH, FL 33480

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ABRAHAM D. GOSMAN P 04/29/2005
Electronic Signature of Signing Officer or Director Date