
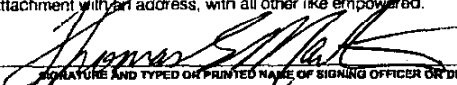


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90376 049 \*\*\*150.00

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # P01000098525</b><br>1. Entity Name<br><b>EXTENDED CARE, INC.</b>   |  |   |  |                                  |  |
| Principal Place of Business<br><b>C/O TOM MARTIN<br/>1434 SE SOLAR STREET<br/>PORT SAINT LUCIE, FL 34983</b>   |  |   | Mailing Address<br><b>C/O TOM MARTIN<br/>1434 SE SOLAR STREET<br/>PORT SAINT LUCIE, FL 34983</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State   |  |   | City & State   |   |  |
| Zip  |  | Country   |  | Zip   |  |
| Country  |  | Country   |  | 4. FEI Number<br><b>65-1154721</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>MARTIN, TOM<br/>1434 SE SOLAR STREET<br/>PORT SAINT LUCIE, FL 34983</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |  |   |  | FL Zip Code   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>  |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>              |   |  |
| <b>\$5.00 May Be<br/>Added to Fees</b>   |  |   | DATE _____   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                     |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DP<br><b>MARTIN, TOM<br/>1434 SE SOLAR STREET<br/>PORT SAINT LUCIE, FL 34983</b> | <input type="checkbox"/> Delete                                   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained 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 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. |  |   |  |   |  |
| <b>SIGNATURE:</b>   |  |   |  |   |  |
| _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |  |   |  |
| Date <b>4/12/06</b> Daytime Phone # <b>(772) 336-7080</b>  |  |   |  |   |  |

*Thomas E. Martin, President*