2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005
Secretary of State

DOCUMENT# P01000104954

Entity Name: PARENT CARE, INC.

Current Principal Place of Business:

100 AVIATION DR. #106
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

100 AVIATION DR. #106
NAPLES, FL 34104

New Mailing Address:

FEI Number: 02-0533041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAMER, LINDA M
110 TUSCANA COURT #507
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: CRAMER, LINDA M
Address: 110 TUSCANA COURT #507
City-St-Zip: NAPLES, FL 34119

Title: VSD ( ) Delete
Name: CRAMER, LINDA M
Address: 110 TUSCANA COURT #507
City-St-Zip: NAPLES, FL 34119

Title: SEC ( ) Delete
Name: CRAMER, LINDA M
Address: 110 TUSCANA CT. #507
City-St-Zip: NAPLES, FL 34119

Title: DIR ( ) Delete
Name: CRAMER, LINDA M
Address: 110 TUSCANA CT. #507
City-St-Zip: NAPLES, FL 34119

Title: DIR ( ) Delete
Name: CRAMER, LINDA M
Address: 110 TUSCANA CT. #507
City-St-Zip: NAPLES, FL 34119

Title: TRES ( ) Delete
Name: CRAMER, LINDA M
Address: 110 TUSCANA CT. #507
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: DIR (X) Change ( ) Addition
Name: SUMMERSCALES, JILL A
Address: 2102 ALAMANDA #106
City-St-Zip: NAPLES, FL 34103

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: LINDA M. CRAMER PRES 01/29/2005

Electronic Signature of Signing Officer or Director — Date