


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91797 013 ***150.00

DOCUMENT # P02000021121
1. Entity Name
PERSONAL CARE, INC.



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| 2. Principal Place of Business 410 E HALLANDALE BEACH BLVD Suite, Apt. #, etc. SUITE 205 City & State HALLANDALE FL Zip 33009 Country USA | | 3. Mailing Address 410 E HALLANDALE BEACH BLVD Suite, Apt. #, etc. SUITE 205 City & State HALLANDALE FL Zip 33009 Country USA | |
|--|--|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 01 0616855 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

| |
|---|
| Name SCHILLE KIMBERLY |
| Street Address (P.O. Box Number is Not Acceptable) 410 E HALLANDALE BEACH BLVD #205 |
| City HALLANDALE State FL Zip Code 33009 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPTS SCHILLE, KIMBERLY 410 E HALLANDALE BEACH BLVD #205 HALLANDALE FL 33009 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | KATZ NAOMI 410 E HALLANDALE BEACH BLVD #205 HALLANDALE FL 33009 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kim Schille **KIMBERLY SCHILLE** 43003 954 4552997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)