


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000024199		
1. Entity Name CARE, ASSISTANCE & PERSONAL SERVICES, INC.		
Principal Place of Business 303 NORTH TEXAS AVENUE SUITE A TAVARES, FL 32778	Mailing Address 303 NORTH TEXAS AVENUE SUITE A TAVARES, FL 32778	
DO NOT WRITE IN THIS SPACE		



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 95-4897135	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORLEY LAW OFFICE, P. A. 303 NORTH TEXAS AVENUE SUITE A TAVARES, FL FL	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

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	U000000100638 04/01/04-80015-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MORLEY, MICHELLE 303A NORTH TEXAS AVENUE TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HITCHCOCK, DINA 1101 SAN BERNARDO ROAD LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISHER, JAMES 327 LAURA LANE MT. DORA, FL 32757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Dina Hitchcock* **DINA HITCHCOCK** **30 MAR 04** **352-259-7999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #