2006 FOR PROFIT CORPORATION
1. . . ANNUAL REPORT (AR)

DOCUMENT # P02000069953 Secretary of State 1. Entity Name SECURE CARE MANAGEMENT, INC. Principal Place of Business Mailing Address 2836 LONG VIEW DR CLEARWATER FL 33761 2836 LONG VIEW DR CLEARWATER FL 33761 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEl Number 54-2069864 Not Applicat Country Zip Zip Country \$B.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANDIANO, GRACE M 2836 LONG VIEW DR CLEARWATER FL 33761 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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 accerthe obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and line if applicable DATE (NOTE: Registered Agent signature reduited when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fa Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DEST ☐ Delete TITLE ☐ Change ☐ Act MAME CANDIANO, GRACE M NAME UUUU000444830 STREET ADDRESS STREET ADDRESS 2836 LONG VIEW DR 03/07/06-80019-005 150.00 CRTY-ST-ZIP CLEARWATER FL 33761 CITY-ST-ZIP TITLE ☐ Detete DILE ☐ Change ETA6 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 71767 ☐ Detete 1/1/17 ☐ Channe ∏ A₫c NAME NAME STREET ADDRESS STREET ADDRESS C(TY-S1-7(P CITY-ST-ZIP 7771 F Detete TITLE Change □ Adv NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Citange TITLE ☐ Defete TITLE ETA: NAME MADRE STREET ADDRESS STREET ADDRESS CHY-SY-7P CITY-SI-ZIP TITLE ☐ Delete THILE ☐ Change □ Adi MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes if further certify that the information discrete on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or directly that 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

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

FILED

Feb 23, 2006 08:00 AM

2-15-06 (727)7260