2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10, 2006 8:00 am Secretary of State DOCUMENT # P02000095091 05-10-2006 90091 026 ***150.00 1. Entity Name GENTLE HEALTH CARE, INC. 60037375 Principal Place of Business Mailing Address 1416 OXFORD LANE 1416 OXFORD LANE BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 CR2E034 (11/05) 04272006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-2179575 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent JOHN PORTER ACCOUNTING, INC DO NOT WRITE 400 S FEDERAL HWY SUITE 404 IN THIS SPACE BOYNTON BEACH, FL 33435 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 obligation SIGNATURE (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE JACOBUCCI, MARIE NAME STREET ADDRESS 1416 OXFORD LANE BOYNTON BEACH, FL 33426 CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

FILED

Daytime Phone #