

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000127493

Entity Name: CLOWNY CARE, INC.

FILED  
Jan 09, 2006  
Secretary of State

**Current Principal Place of Business:**

5480 PINE COURT  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

5480 PINE COURT  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

FEI Number: 03-0498173

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREEN, RONALD S  
5480 PINE COURT  
CORAL SPRINGS, FL 33067 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: MR ( ) Delete  
Name: GREEN, RONALD  
Address: 5480 PINE COURT  
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: MRS ( ) Delete  
Name: GREEN, DEIRDRE  
Address: 5480 PINE COURT  
City-St-Zip: CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 Chapter 119, 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: RONALD GREEN

MR

01/09/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date