2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P02000131260

Entity Name: INFINITE CARE, INC.

Current Principal Place of Business:

12392 88TH AVENUE
SEMINOLE, FL 33772

New Principal Place of Business:

7549 JENNER AVENUE
NEW PORT RICHEY, FL 34655

Current Mailing Address:

12392 88TH AVENUE
SEMINOLE, FL 33772

New Mailing Address:

7549 JENNER AVENUE
NEW PORT RICHEY, FL 34655

FEI Number: 04-3724998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKAY, SHALON L
12392 88TH AVENUE
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

MCKAY, SHALON L
7549 JENNER AVENUE
NEW PORT RICHEY, FL 34655 US

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: _____ 04/30/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: MCKAY, SHALON L
Address: 12392 88TH AVENUE
City-St-Zip: SEMINOLE, FL 33772

Title: VP (X) Delete
Name: ANSTEATT, DIANE
Address: 12392 88TH AVENUE
City-St-Zip: SEMINOLE, FL 33772

Title: D (X) Delete
Name: MCKENZIE, COLLIS
Address: 12392 88TH AVE.
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: MCKAY, SHALON L
Address: 7549 JENNER AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34655

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 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 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: SHALON MCKAY CEO 04/30/2004
Electronic Signature of Signing Officer or Director — Date