2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000567

Entity Name: I CARE PERSONAL ACCOUNTING INC.

FILED Jul 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7820 N. ARMENIA AVENUE 250 CRYSTAL GROVE BLVD TAMPA, FL 33604 LUTZ, FL 33548 US

Current Mailing Address: New Mailing Address:

7820 N. ARMENIA AVENUE 250 CRYSTAL GROVE BLVD LUTZ, FL 33604 LUTZ, FL 33548 US

FEI Number: 65-1166027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GRIFFIN, LINDA P
7820 N. ARMENIA AVENUE
TAMPA, FL 33604 US
GRIFFIN, LINDA P
250 CRYSTAL GROVE BLVD
LUTZ, FL 33548 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: LINDA P GRIFFING 07/06/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

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

Title: PSD () Delete Title: PSD (X) Change () Addition Name: GRIFFIN, LINDA P Name: GRIFFIN, LINDA P

Address: 7820 N. ARMENIA AVENUE Address: 250 CRYSTAL GROVE BLVD

City-St-Zip: TAMPA, FL 33604 City-St-Zip: LUTZ, FL 33548

Title: VTD () Delete Title: VTD (X) Change () Addition Name: GRIFFIN. ROBERT Name: GRIFFIN. ROBERT

Address: 7820 N. ARMENIA AVENUE Address: 250 CRYSTAL GROVE BLVD

City-St-Zip: TAMPA, FL 33604 City-St-Zip: LUTZ, FL 33548

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: LINDA P GRIFFIN PSD 07/06/2005