

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000567

FILED
Apr 23, 2008
Secretary of State

Entity Name: I CARE PERSONAL ACCOUNTING INC.

Current Principal Place of Business:

250 CRYSTAL GROVE BLVD
LUTZ, FL 33548 US

New Principal Place of Business:

Current Mailing Address:

250 CRYSTAL GROVE BLVD
LUTZ, FL 33548 US

New Mailing Address:

FEI Number: 65-1166027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, LINDA P
250 CRYSTAL GROVE BLVD
LUTZ, FL 33548 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: PSD () Delete
Name: GRIFFIN, LINDA P
Address: 250 CRYSTAL GROVE BLVD
City-St-Zip: LUTZ, FL 33548

Title: VTD () Delete
Name: GRIFFIN, ROBERT
Address: 250 CRYSTAL GROVE BLVD
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GRIFFIN, LINDA P
Address: 250 CRYSTAL GROVE BLVD
City-St-Zip: LUTZ, FL 33548

Title: VD (X) Change () Addition
Name: GRIFFIN, ROBERT
Address: 250 CRYSTAL GROVE BLVD
City-St-Zip: LUTZ, FL 33548

I hereby certify that the information supplied with this filing does not qualify 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: LINDA P. GRIFFIN

PD

04/23/2008

Electronic Signature of Signing Officer or Director

Date