2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000567

Entity Name: I CARE PERSONAL ACCOUNTING INC

FILED Apr 11, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
250 CRYS LUTZ, FL	TAL GROVE I 33548 US	BLVD			
Current Mailing Address:			New Mailing Address:		
250 CRYS LUTZ, FL	TAL GROVE I 33548 US	BLVD			
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	Name and Address of New Registered Agent:	
GRIFFIN, I 250 CRYS LUTZ, FL	TAL GROVE I	BLVD			
	named entity of Florida.	submits this statement for the	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (GRIFFIN, LINE 250 CRYSTAL LUTZ, FL 335	GROVE BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (GRIFFIN, ROB 250 CRYSTAL LUTZ, FL 335	GROVE BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 GRIFFIN PD 04/11/2009