2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005
Secretary of State

DOCUMENT# P03000009700

Entity Name: LIGNUME CARE, INC.

Current Principal Place of Business:

9290 NW 19TH PLACE
SUNRISE, FL 33322

New Principal Place of Business:

2100 NW 91ST WAY
SUNRISE, FL 33322

Current Mailing Address:

9290 NW 19TH PLACE
SUNRISE, FL 33322

New Mailing Address:

FEI Number: 14-1866715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOREMAN, GEORGIA
9290 NW 19TH PLACE
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

FOREMAN, GEORGIA
2100 NW 91ST WAY
SUNRISE, FL 33322 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: GEORGIA FOREMAN 03/10/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: FOREMAN, GEORGIA
Address: 2100 NW 91ST WAY
City-St-Zip: SUNRISE, FL 33322 US

Title: V ( ) Delete
Name: COWAN, NESSA
Address: 9301 NW 19TH PLACE
City-St-Zip: SUNRISE, FL 33322 US

Title: T/M ( ) Delete
Name: THOMAS, LEMAUZILY
Address: 9290 NW 19TH PLACE
City-St-Zip: SUNRISE, FL 33322 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GEORGIA FOREMAN, P/D 03/10/2005
Electronic Signature of Signing Officer or Director Date