

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011823

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: CAREGIVERS UNLIMITED INC.

## Current Principal Place of Business:

4489 MCINTOSH PARK DRIVE  
#1601  
SARASOTA, FL 34232

## New Principal Place of Business:

4738 SPAHN STREET  
SARASOTA, FL 34232 US

## Current Mailing Address:

4489 MCINTOSH PARK DRIVE  
#1601  
SARASOTA, FL 34232

## New Mailing Address:

4738 SPAHN STREET  
SARASOTA, FL 34232

FEI Number: 41-2088590

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARDEN, AMY A MS.  
4489 MCINTOSH PARK DRIVE  
#1601  
SARASOTA, FL 34232

## Name and Address of New Registered Agent:

ARDEN, AMY A MS.  
4738 SPAHN STREET  
SARASOTA, FL 34232 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: AMY A. ARDEN

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition  
Name: ARDEN, AMY A MS  
Address: 4738 SPAHN STREET  
City-St-Zip: SARASOTA, FL 34232 US

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: AMY A. ARDEN

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date