2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000012718

Entity Name: CARE BUILDING CORPORATION

FORT COLLINS, CO 80525

City-St-Zip:

FILED Apr 28, 2005 Secretary of State

| | | SILBING CONTROL | | | |
|--|---|--------------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| P.O. BOX OSPREY, | | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| P.O. BOX OSPREY, | | | | | |
| FEI Number | : 41-2078276 | 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: | |
| 200 CAPR VENICE, F The above in the State | e of Florida. | , STE 2 S | purpose of changing its registered | l office or registered agent, or both, | |
| SIGNATUI | | nic Signature of Registered Ag | | Date | |
| Election Car | | g Trust Fund Contribution (). | on. | Bate | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DS (JAMES, ALAN 110 DAVINCI E NOKOMIS, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | |) Delete SON, CHARLES STLE CT. | Title: Name: Address: | () Change () Addition | |

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: ALAN JAMES D 04/28/2005