

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033453

FILED  
Jun 16, 2005  
Secretary of State

Entity Name: CARE DESK CORPORATION

## Current Principal Place of Business:

2730 SW 3RD AVENUE, STE. 204  
MIAMI, FL 33129 US

## New Principal Place of Business:

## Current Mailing Address:

2730 SW 3RD AVENUE, STE. 204  
MIAMI, FL 33129 US

## New Mailing Address:

FEI Number: 42-1597592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.  
103 N MERIDIAN ST, LOWER LEVEL  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: ED LARY

06/16/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MARSMAN, GABRIELLE M  
Address: 2730 SW 3RD AVENUE  
City-St-Zip: MIAMI, FL 33129

Title: P ( ) Delete  
Name: MARSMAN, GABRIELLE M  
Address: 2730 SW 3RD AVENUE  
City-St-Zip: MIAMI, FL 33129

Title: S ( ) Delete  
Name: MARSMAN, GABRIELLE M  
Address: 2730 SW 3RD AVENUE  
City-St-Zip: MIAMI, FL 33129

Title: T ( ) Delete  
Name: MARSMAN, GABRIELLE M  
Address: 2730 SW 3RD AVENUE  
City-St-Zip: MIAMI, FL 33129

## 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:

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: GABRIELLE M. MARSMAN

P

06/16/2005

Electronic Signature of Signing Officer or Director

Date