2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2004
Secretary of State

DOCUMENT# P03000043612

Entity Name: CARE CONCEPTS, INC.

Current Principal Place of Business:

1221 BRUCE B DOWNS BLVD., #160
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

1221 BRUCE B DOWNS BLVD.
#160
WESLEY CHAPEL, FL 33543

Current Mailing Address:

1221 BRUCE B DOWNS BLVD., #160
WESLEY CHAPEL, FL 33543

New Mailing Address:

1221 BRUCE B DOWNS BLVD.
#160
WESLEY CHAPEL, FL 33543

FEI Number: 38-3680988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEISLER, DEBORAH P
1221 BRUCE B DOWNS BLVD., #160
WESLEY CHAPEL, FL 33543

Name and Address of New Registered Agent:

KEISLER, DEBORAH P
1221 BRUCE B DOWNS BLVD.
#160
WESLEY CHAPEL, FL 33543

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: _____ 04/10/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KEISLER, DEBORAH P
Address: 1221 BRUCE B DOWNS BLVD., #160
City-St-Zip: WESLEY CHAPEL, FL 33543

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KEISLER, DEBORAH P
Address: 1221 BRUCE B DOWNS BLVD., #160
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VP ( ) Change (X) Addition
Name: KEISLER, STACY N
Address: 1221 BRUCE B. DOWNS BLVD., #160
City-St-Zip: WESLEY CHAPEL, FL 33543

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: DEBORAH P. KEISLER P 04/10/2004
Electronic Signature of Signing Officer or Director — Date