## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000063097

2705 SW 125TH STREET

ARCHER, FL 32618

Address: City-St-Zip: FILED Jun 20, 2006 Secretary of State

Entity Name	e: KARLENE'	S TENDER LOVE AND CARE, IN	IC.	•	
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2351 NW 54 GAINESVILL	TH PL. .E, FL 32609				
Current Mailing Address:			New Mailing Addres	s:	
2705 SW 129 ARCHER, FL	5TH STREET L 32618				
FEI Number: 00	6-1697025	FEI Number Applied For ( )	El 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:	
SCOTT, LONNIE 2705 SW 125TH STREET ARCHER, FL 32618 US				SCOTT, CAROLYN Y 2705 SW 125TH STREET ARCHER, FL 32618 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: CAROLYN Y. SCOTT				06/20/2006	
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:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: S Address: 2	PRES () D SCOTT, LONNIE 2705 SW 125TH ARCHER, FL 326		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Name: S Address: 2	VP () C SCOTT, CAROLY 2705 SW 125TH ARCHER, FL 326	ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
	SECR () D SCOTT, KARLEN	elete ≣ L	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: CAROLYN Y. SCOTT VP 06/20/2006