


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90308 016 \*\*\*150.00

<b>DOCUMENT # P03000078151</b>	
1. Entity Name <b>CARE FINDERS, INC.</b>	

Principal Place of Business <b>14041 US HWY 1 STE C JUNO BEACH, FL 33408</b>	Mailing Address <b>14041 US HWY 1 STE C JUNO BEACH, FL 33408</b>
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**50043766**



2. Principal Place of Business <b>222 US Highway 1, Ste 1</b>	3. Mailing Address <b>222 US Highway 1, Ste 1</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01252005 Chg-P CR2E034 (10/03)

City & State <b>Tarvesta FL</b>	City & State <b>Tarvesta FL</b>
Zip <b>33469</b>	Zip <b>33469</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-1197333</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MALLORY, EARL K ESQ. 1907 COMMERCE LANE SUITE 104 JUPITER, FL 33458</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWAAB, JANET</b>	NAME	<b>222 US Highway 1, Ste 1</b>
STREET ADDRESS	<b>14041 US HWY 1 STE C</b>	STREET ADDRESS	<b>Tarvesta, FL 33469</b>
CITY-ST-ZIP	<b>JUNO BEACH, FL 33408</b>	CITY-ST-ZIP	<b>Tarvesta, FL 33469</b>
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARFIELD, DEBORAH</b>	NAME	<b>222 US Highway 1, Ste 1</b>
STREET ADDRESS	<b>14041 US HWY 1 STE C</b>	STREET ADDRESS	<b>Tarvesta, FL 33469</b>
CITY-ST-ZIP	<b>JUNO BEACH, FL 33408</b>	CITY-ST-ZIP	<b>Tarvesta, FL 33469</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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