

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000123469

FILED
Jan 04, 2005
Secretary of State

Entity Name: SENIORCARE MANAGEMENT SYSTEMS INC.

Current Principal Place of Business:

POST OFFICE BOX 911
MOUNT DORA, FL 327560911 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 911
MOUNT DORA, FL 327560911 US

New Mailing Address:

FEI Number: 20-0326404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOYNER, BARBRA R
1470 E. MICHIGAN ST.
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

EVANGELISTA, CAESAR C
2705 ROBIE AVENUE
MOUNT DORA, FL 32757 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: CAESAR EVANGELISTA

01/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EVANGELISTA, CAESAR
Address: PO BOX 911
City-St-Zip: MOUNT DORA, FL 32756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CAESAR EVANGELISTA

DIR

01/04/2005

Electronic Signature of Signing Officer or Director

Date