2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149633

Entity Name: CARING FIRST INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

1601 JOHNS LAKE RD 10617 CRESCENDO LOOP

923 CLERMONT, FL 34711 US

Current Mailing Address: New Mailing Address:

1601 JOHNS LAKE ROAD

APT# 923

CLERMONT, FL 34711 US

10617 CRESCENDO LOOP

CLERMONT, FL 34711 US

FEI Number: 37-1480153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, IVANAH V MS.

1601 JOHNS LAKE ROAD

923

CLERMONT, FL 34711 US

THOMAS, IVANAH V MS.

10617 CRESCENDO LOOP

CLERMONT, FL 34711 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: 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition Name: THOMAS, IVANAH V Name: THOMAS, IVANAH V

 Name:
 THOMAS, IVANAH V
 Name:
 THOMAS, IVANAH V

 Address:
 1601 JOHNS LAKE ROAD,APT# 923
 Address:
 10617 CRESCENDO LOOP

 City-St-Zip:
 CLERMONT, FL 34711 US
 City-St-Zip:
 CLERMONT, FL 34711 US

Title: SEC () Delete Title: SEC (X) Change () Addition Name: THOMAS, IVANAH V MS.

Address: 1601 JOHNS LAKE ROAD,APT# 923 Address: 10617 CRESCENDO LOOP
City-St-Zip: CLERMONT, FL 34711 US City-St-Zip: CLERMONT, FL 34711 US

Title: () Delete Title: V/P () Change (X) Addition

 Name:
 Name:
 ROSE, PAULINE J MS

 Address:
 Address:
 301 GULFSTREAM DRIVE

 City-St-Zip:
 City-St-Zip:
 DELRAY BEACH, FL 33444 US

Title: () Delete Title: CFO () Change (X) Addition

 Name:
 Name:
 ROSE, PAULINE J MS

 Address:
 301 GULFSTREAM DRIVE

 City-St-Zip:
 City-St-Zip:
 DELRAY BEACH, FL 33444 US

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: PAULINE J ROSE V/P 04/29/2005