2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149633

ROSE, PAULINE J MS

301 GUI ESTREAM DRIVE

DELRAY BEACH, FL 33444 US

Name:

Address:

City-St-Zip:

Entity Name: CARING FIRST INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10617 CRESCENDO LOOP CLERMONT, FL 34711 **Current Mailing Address: New Mailing Address:** 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 10617 CRESCENDO LOOP CLERMONT, FL 34711 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition THOMAS, IVANAH V Name: Name: 10617 CRESCENDO LOOP Address: Address: City-St-Zip: CLERMONT, FL 34711 US City-St-Zip: Title: V/P () Delete Title: (X) Change () Addition SHAW, PETRA MS Name: Name: SHAW, PETRA MS 10617 CRESCENDO LOOP 651 MANTIS LOOP Address: Address: CLERMONT, FL 34711 US City-St-Zip: APOPKA, FL 32703 US City-St-Zip: Title: Title: CFO (X) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: IVANAH THOMAS PRES 04/30/2007