

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150281

Entity Name: ALLCARE, INC.

FILED
Feb 16, 2005
Secretary of State

Current Principal Place of Business:

1710 NW 107TH WAY
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1710 NW 107TH WAY
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 41-2119407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLD, DAVID
1710 NW 107TH WAY
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: GOLD, GWEN
Address: 1710 NW 107TH WAY
City-St-Zip: PLANTATION, FL 33322

Title: P () Delete
Name: GOLD, DAVID
Address: 1710 NW 107TH WAY
City-St-Zip: PLANTATION, FL 33322 US

Title: V () Delete
Name: GOLD, STACY
Address: 1710 NW 107TH WAY
City-St-Zip: PLANTATION, FL 33322

Title: T () Delete
Name: GOLD, JOSHUA
Address: 1710 NW 107TH WAY
City-St-Zip: PLANTATION, FL 33322

Title: S () Delete
Name: APPEL, WILLIAM
Address: 1710 NW 107TH WAY
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID GOLD

P

02/16/2005

Electronic Signature of Signing Officer or Director

_____ Date