2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000044227

Entity Name: PERSONAL CARE GROUP, INC.

FILED Jul 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

555 WEST GRANADA BLVD. 124 N. NOVA RD.

SUITE B-5 PMB 147

ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174

Current Mailing Address: New Mailing Address:

P.O. BOX 4164 124 N. NOVA RD.

PMB 147 ORMOND BEACH, FL 32175

ORMOND BEACH, FL 32174

FEI Number: 84-1642579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DARBY, WILLIAM A GAILEY, CHERYL J 72 PINE TRAIL 326 RIVER BLUFF DRIVE

ORMOND BEACH, FL 32174 US ORMOND BEACH, FL 32174 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: CHERYL J. GAILEY 07/24/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete DARBY, WILLIAM A GAILEY, CHERYL J Name: Name: 326 RIVER BLUFF DRIVE 72 PINE TRAIL Address: Address:

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

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

DARBY, REBECCA M Name: Name: GAILEY, MARK S 326 RIVER BLUFF DRIVE Address: 72 PINE TRAIL Address:

ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip:

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.

SIGNATURE: CHERYL J. GAILEY PD 07/24/2008