


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90153 047 ***150.00


DOCUMENT # P04000079501	
1. Entity Name M.A. CARE, INC.	

Principal Place of Business 5500 MILITARY TR STE 22 #181 JUPITER, FL 33548	Mailing Address 5500 MILITARY TR STE 22 #181 JUPITER, FL 33548
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2. Principal Place of Business - No P.O. Box # 5500 MILITARY TR.	3. Mailing Address 5500 MILITARY TR.
Suite, Apt. #, etc. STE #22-187	Suite, Apt. #, etc. STE #22-187

City & State JUPITER, FL.	City & State JUPITER, FL.
Zip 33458	Country USA

40000000



04032007 Chg-P CR2E034 (12/06)

4. FEI Number 56-2492027	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORRISON, EDITH 5500 MILITARY TR STE 22 #181 JUPITER, FL 33548	
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7. Name and Address of New Registered Agent Name MORRISON, EDITH Street Address (P.O. Box Number is Not Acceptable) 5500 MILITARY TR STE #22-187 City JUPITER FL Zip Code 33458	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *E. Edith Morrison* DATE **4.2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRISON, LINDA 5500 MILITARY TRAIL, STE 22 #181 JUPITER, FL 33548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *E. Morrison* DATE **4.2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #