


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000080917 1. Entity Name TOTAL DAILY CARE INC.	
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Principal Place of Business 5380 MARTIN LUTHER KING ST (MLK) ST PETERSBURG, FL 33705	Mailing Address 5380 MARTIN LUTHER KING ST (MLK) ST PETERSBURG, FL 33705
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04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1465235	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent HUDDLESTON, TRACEY 5380 MARTIN LUTHER KING ST (MLK) ST PETERSBURG, FL 33705
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000558058 05/17/06-80079-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HUDDLESTON, TRACEY 5380 MARTIN LUTHER KING ST (MLK) ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PERRY, VIRGINIA 661 53RD AVE S ST PETERSBURG, FL 33705
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Tracey Huddleston 4/27/06 (nan) 866-3504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #