

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114329

FILED
Apr 28, 2005
Secretary of State

Entity Name: ELDER CARE CONSULTING CARE-ONE, INC.

Current Principal Place of Business:

7900 N UNIVERSITY DRIVE
201
TAMARAC, FL 33321 US

New Principal Place of Business:

16790 W. STALLION DRIVE
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

7900 N UNIVERSITY DRIVE
201
TAMARAC, FL 33321 US

New Mailing Address:

16790 W. STALLION DRIVE
LOXAHATCHEE, FL 33470 US

FEI Number: 20-2489271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG, HEATHER L
8293 NW 70 STREET
TAMARAC, FL FL US

Name and Address of New Registered Agent:

MINARD, LINDA A
16790 W. STALLION DRIVE
LOXAHATCHEE, FL FL 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: LINDA A MINARD

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MINARD, LINDA A
Address: 16790 W. STALLION DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VP () Delete
Name: ALGIE, STEPHANIE R
Address: 11821 NW 38 PLACE
City-St-Zip: SUNRISE, FL 33323 US

Title: SEC (X) Delete
Name: CRAIG, HEATHER L
Address: 8293 NW 70 STREET
City-St-Zip: TAMARAC, FL 33321 US

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:

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: LINDA A MINARD

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

Date